

Name
in
Full

Daughters Charles Ankney

CERTIFICATE OF DEATH

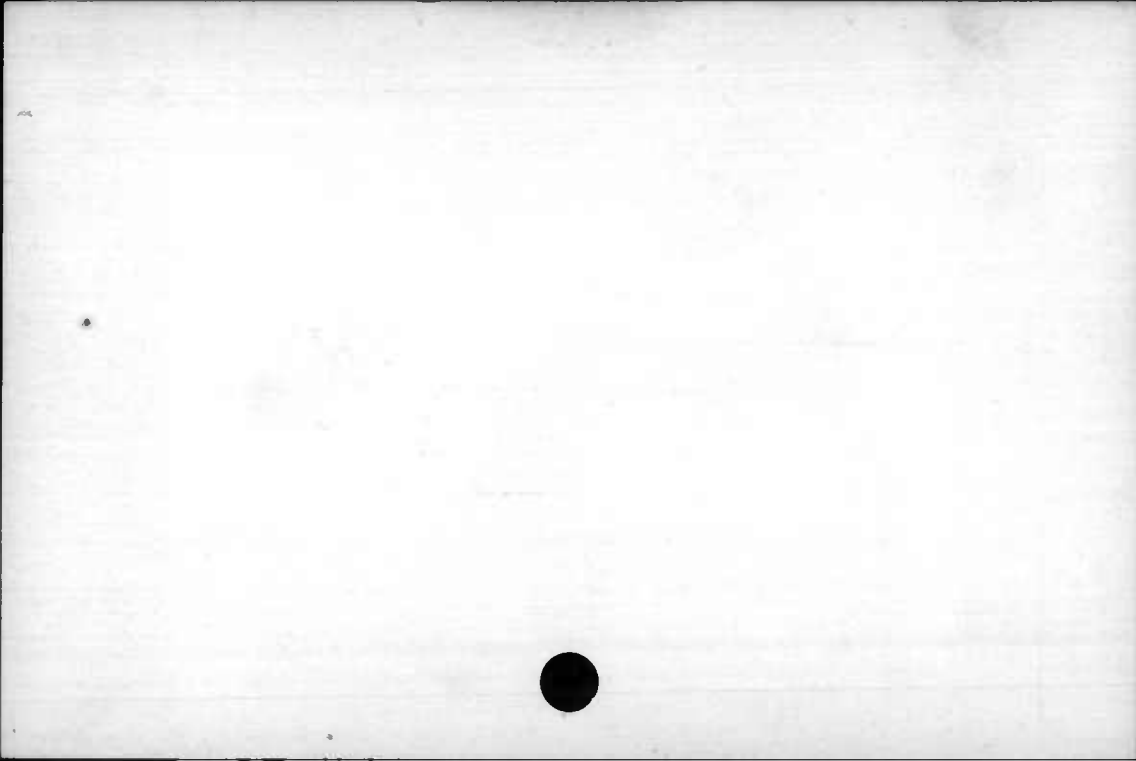
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Big Spring		Washington					
Date of death	1905	Month	3	Day	15	Age	Still born
Sex	Male	Color or Race	White	Birthplace	Big Spring	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Franklin H. Ankney			Father's Birthplace	
Mother's Maiden Name			Grace L. Charles			Mother's Birthplace	
Name of person giving information			Mrs Charles			How related to deceased	
			Grandmother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown	How long	
Immediate	Unknown	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abraham Shank	
Address		Clear Spring Washington Co	
Accident or Suicide?		2	



Name
in
Full

Catharine

Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown* TownCounty *Washington*

MARYLAND

Date of death *1905* Month *3* Day *28*Age *72* Years Months *11* Days *27*Sex *Female*Color or Race *White*

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *John Bean*Father's Birthplace *Pa*Mother's Maiden Name *Lizzie Jentzger*Mother's Birthplace *Pa*Name of person giving information *John Evogle*How related to deceased *None*

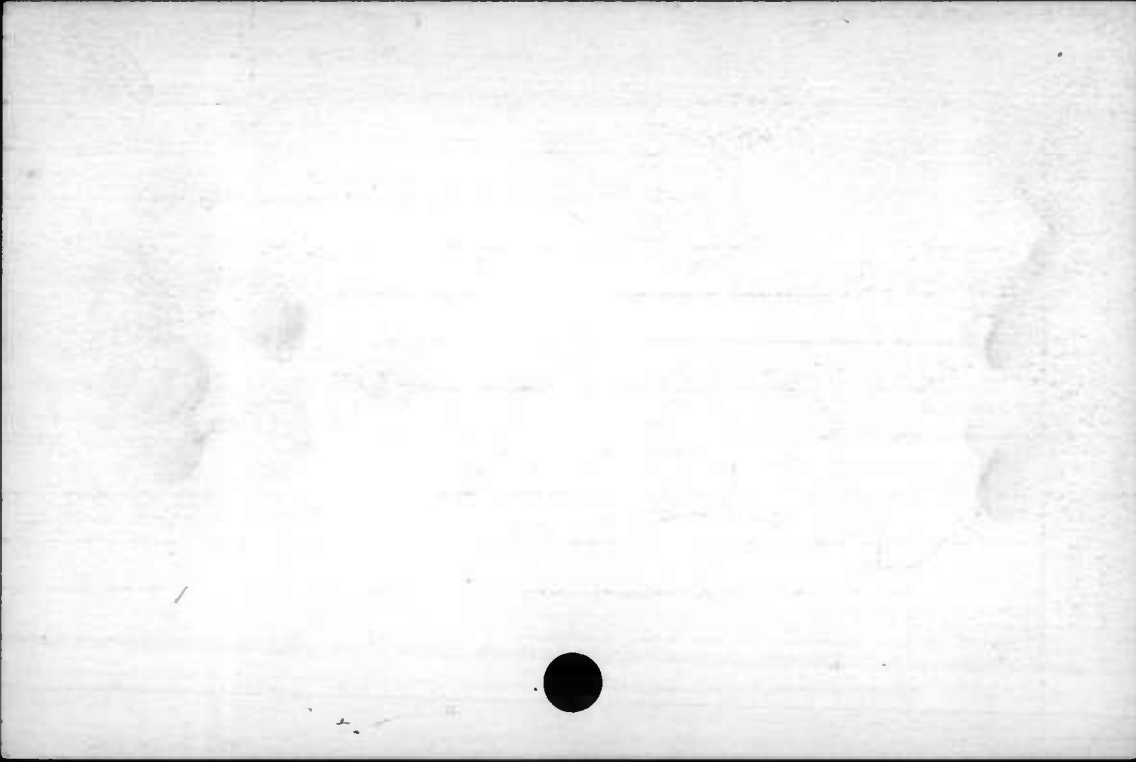
CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Chronic nephritis Endocarditis*How long *34 years (?)*Immediate *General Debility*How long *1 year*Are the name, age, sex, color, date and place correctly given above? *ye*

Signature of Physician

Address

*William D. Miller / Hagerstown, Md.*Accident or Suicide? *—*



Name
in
Full

Mrs Clara Beuchoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Baltimore*

County _____

MARYLAND

Date of death *1905* *3*

Month

Day

Age

Years

Months

Days

Sex *female*Color or
Race*white*Birth-
place*Md.*

Occupation

*H.W.*Where Residing if not
at place of deathMarried, Single
or Widowed*widow*Name of Wife or
Husband*Columbus F. Beuchoff.*Father's
Name*James Allen*Father's
Birthplace*Md.*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Geo H. Hager*How related
to deceased*none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

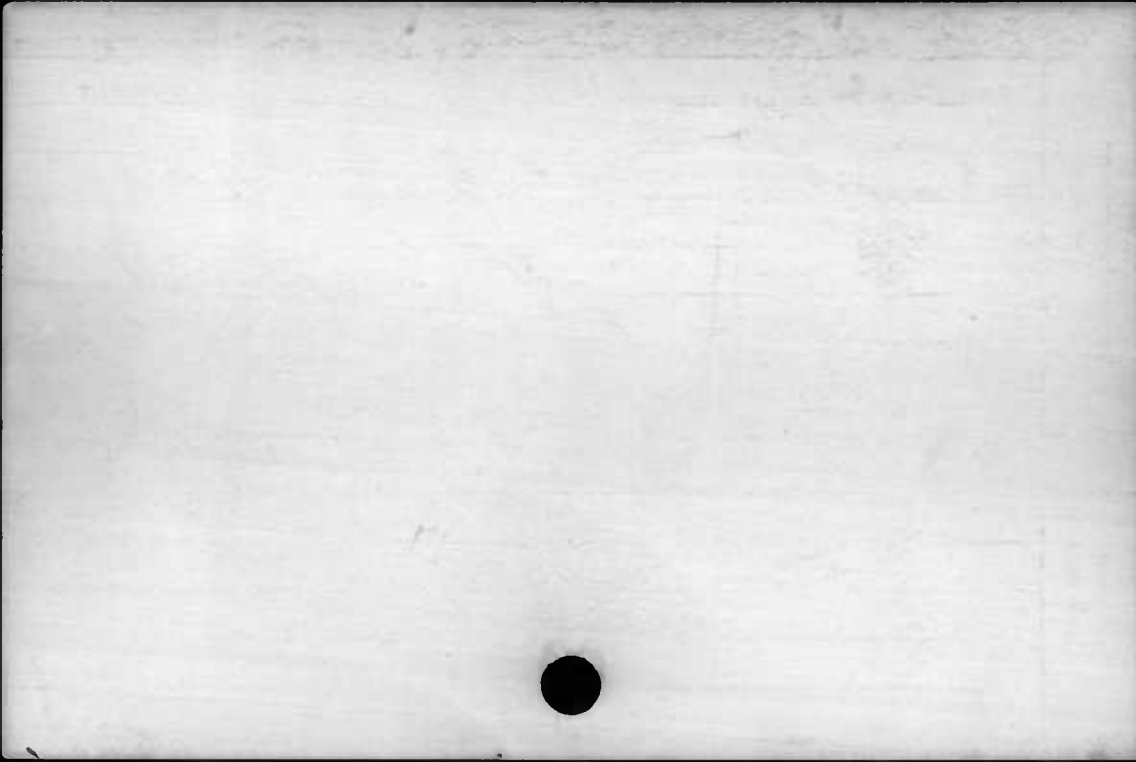
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

74
*C. M. Hager**Hagerstown**Md.*

Accident or Suicide?



Name
in
Full

James D. Blair

3/4/1905

CERTIFICATE OF DEATH

Town

Died near Hagerstown

County

Wash.

MARYLAND

Date

of death 1905

Month

3

Day

14

Age

Years

48

Months

11

Days

28

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Katie Blair

Father's
Name

Philip Blair

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Annine Blair

Mother's
Birthplace

"

Name of person giving
information

Katie Blair

How related
to deceased

wife

CAUSES OF DEATH

Primary

Suicide

How long

6 hours

Immediate

Gunshot wound through head

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. S. Mason

Address

Hagerstown Md

Accident or Suicide?

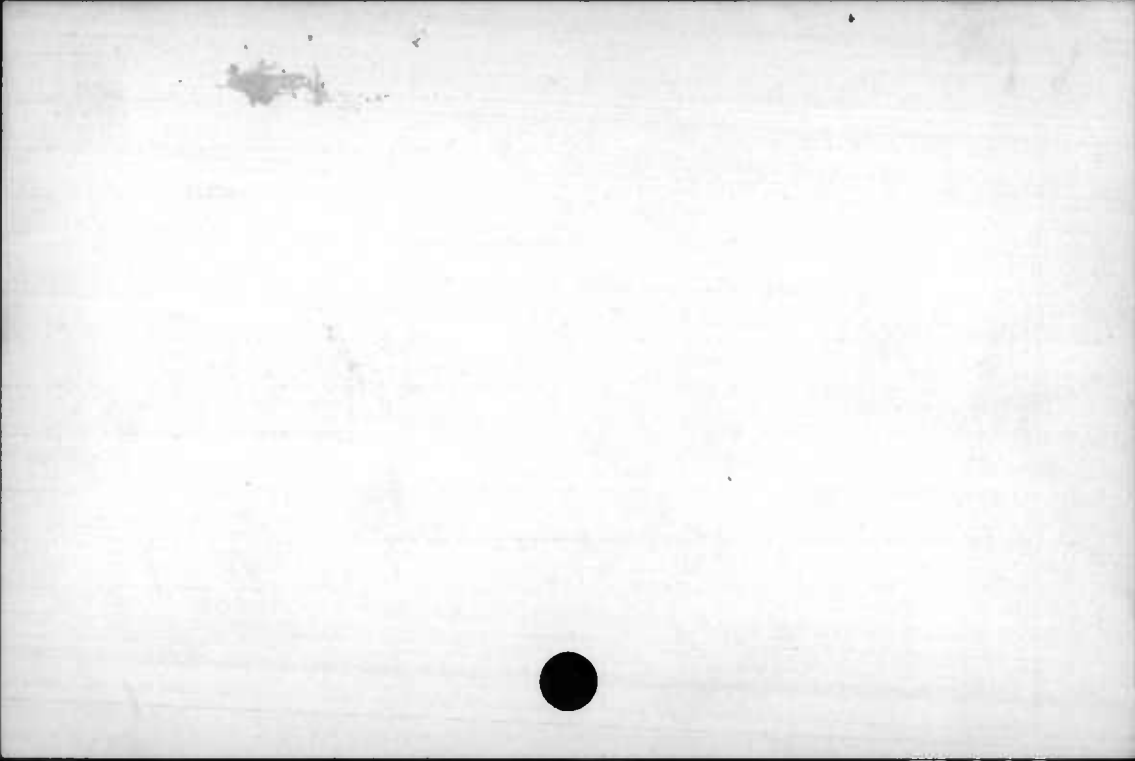
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

" Gun-shot wound through the head inflicted by a 32 calibre pistol "

Dr. A. S. Mason.

Hinton 22

Name in Full		Brant Kelso Bloyer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Spickler</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND		
	Date of death	<i>1905</i> <small>Month</small>	<i>March</i> <small>Day</small>	<i>28th</i> <small>Age</small>	<i>7</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>7</i> <small>Days</small>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name	<i>George H. Bloyer</i>				Father's Birthplace	<i>Fairview Ind.</i>
Mother's Maiden Name	<i>Clara M. Remmer</i>				Mother's Birthplace	<i>Welsh Run Ind.</i>	
Name of person giving information		<i>Father</i>				How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Hydrocephalus</i>			<i>150</i> <input checked="" type="checkbox"/>	How long	<i>7 days</i>
	Immediate	<i>Convulsions</i>				How long	<i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		
					Address		
					<i>J. B. Perry</i> <i>Clearspring Ind.</i>		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Middleburg, Md*

County

Date of death *1905* *March* *26*Age *47*Months *6*Days *20*Sex *Female*Color or
Race*White*Birth-
place*Washington Co*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Olegget Bovey*Father's
Name*Amos Marble*Father's
Birthplace*Md*Mother's
Maiden Name*Caroline Hoover*Mother's
Birthplace*Md*Name of person giving
information*Webster Bovey*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Indigestion, & Complications

How long

One year

Immediate

Paralysis

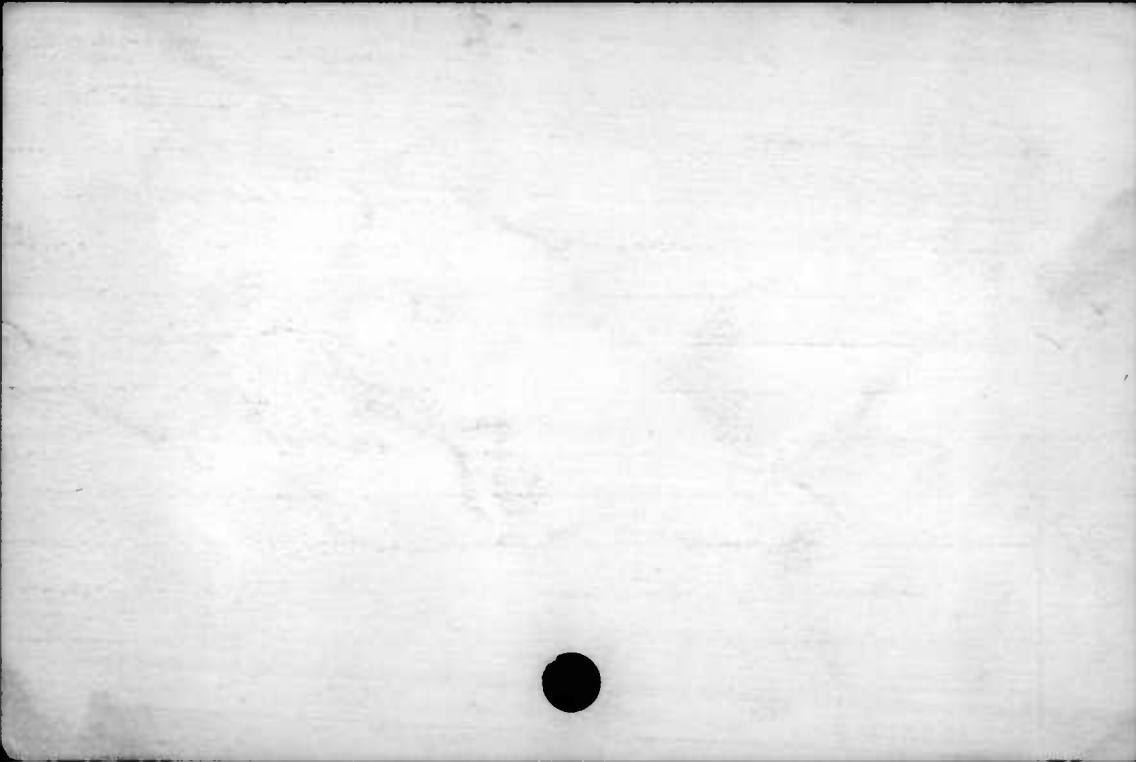
How long

*about 2 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*S. H. Urnstot MD*

Address

*Hagerstown
Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Andrew Jackson Boward

Town

County

Died at - *Hagerstown**Wash*

MARYLAND

Date
of death *1905*

Month

3

Day

28

Age

Years

76

Months

6

Days

1

Sex

*male*Color or
Race*white*Birth-
place*Ind.*

Occupation

*farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Mrs. Emma Boward*Father's
Name*Andrew Boward*Father's
Birthplace*Ind.*Mother's
Maiden Name*Nancy Wolford*Mother's
Birthplace*Penna.*Name of person giving
In formation*Mrs. Jonas Martin*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

Gangrene

How long

Immediate

Peritonitis

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. A. Marcell*

Address



Accident or Suicide?

Reflected
your

2 pages
2 pages
McMurray
Hepburn
ditto

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Elly Boward</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>6</i>		Age <i>4</i> Years <i>3</i> Months <i>4</i> Days <i>3</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation _____				Where Residing If not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name <i>Wm H. Boward</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Edith Garlock</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Wm H. Boward</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Murray MD</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name in Full		Marshall M Brooks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hagerstown</u>		Town <u>Washington</u>		County		MARYLAND	
	Date of death	1905-	Month	3	Day	26	Age	18
	Sex	Male		Color or Race	Colored		Birth-place	Md
	Occupation	Child		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name	Charles Brooks				Father's Birthplace	Na	
	Mother's Maiden Name	Lucy Taylor				Mother's Birthplace	Md	
Name of person giving information	Charles Brooks				How related to deceased	Father		
<div>CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary <u>Tuberculosis of Larynx</u>				How long			4 mos
	Immediate <u>Exhaustion</u>				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			<u>Montagman</u>
	<div> <div> <div></div> </div> </div>				Address			<u>Hagerstown Md</u>
Accident or Suicide? <u>no</u>								

162

Name
in
Full

Mrs Annie Buфф

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown

County Wash.

Date

of death

1905 3

Day

4

Age

Years

85

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Perma.

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of ~~Wife~~
Husband

John Buфф.

Father's
Name

Not Known

Father's
Birthplace

x

Mother's

Maiden Name

,,

Mother's
Birthplace

x

Name of person giving
In formation

Chas Buфф.

How related
to deceased

son.

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

5 days

Immediate

Asphyxia.

How long

few hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Walter Shuller, Jr.

Hagerstown Md

Accident or Suicide?

no.

Buried in
Hanover
York Co.
Pa.

Name
in
Full

Ethel M. Bussard

CERTIFICATE OF DEATH

Died at *Near Antietam*County *Washington*

MARYLAND

Date

of death *1905*

Month

March

Day

30

Age

Year

19

Months

8

Days

10

Sex

*Female*Color or
Race*White*Birth-
place*Near Charleston W. Va*

Occupation

Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name ~~Wife or~~
Husband*Martin Bussard*Father's
Name*Chas. W. Clipp*Father's
BirthplaceMother's
Maiden Name*Sarah Clipp*Mother's
BirthplaceName of person giving
Information*Martin Bussard*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Not known

Immediate

Tuberculosis

How long

*7 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*D. Arnold Gardner*

Address

Sharpsburg Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Chas. J. Wade
Undertaker

Name
in
Full

Fannie Watson Chauncy

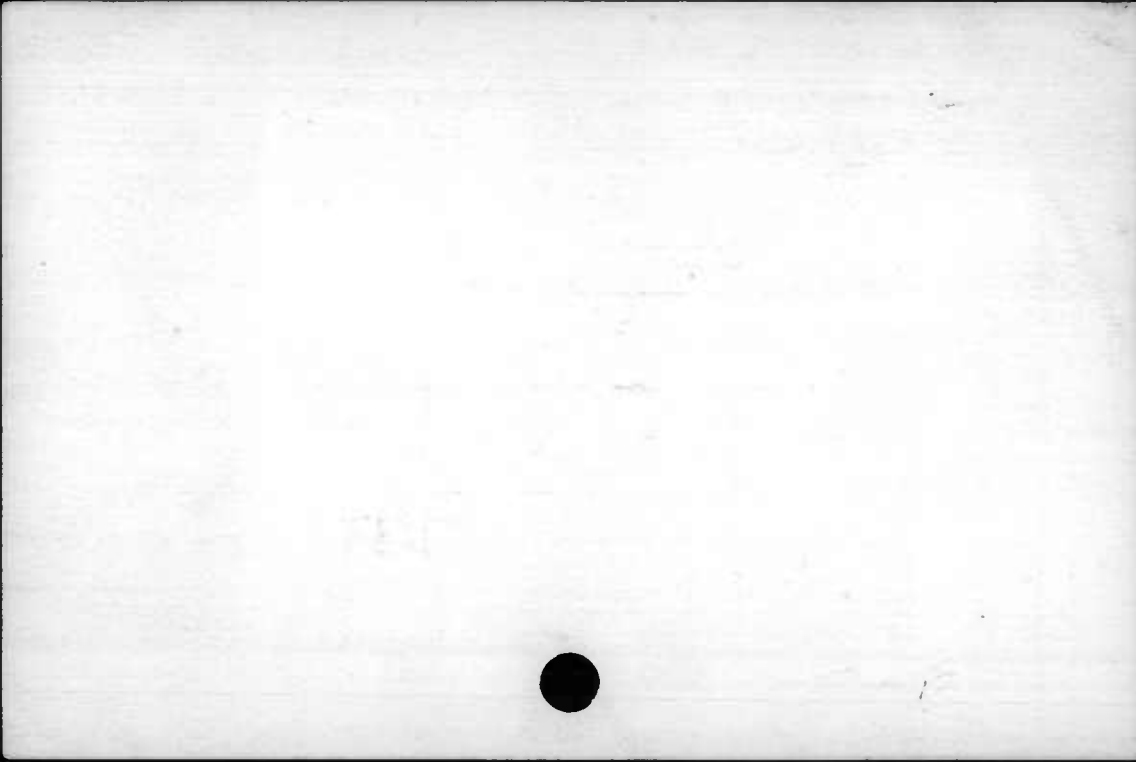
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Broussard		County Washington		MARYLAND	
Date of death		1905	Month Mar	Day 16	Age	Years 68	Months 1 Days 11
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Maryland	
Married, Single or Widowed		Widowed		Name of Wife or Husband Edward E. Chauncy			
Father's Name		John Watson		Father's Birthplace		Ireland	
Mother's Maiden Name		Mary Davis		Mother's Birthplace		England	
Name of person giving information		Antoinette S. Chauncy		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mitral Regurgitation.	How long	10 years
	Immediate	Hydro-pneumothorax	How long	2 weeks.
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		J. Robert Wade, M.D.	
Address		Broussard, Ind.		
Accident or Suicide?		No.		



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Beaver Creek* TownCounty *Washington*Date of death *1908*Month *3*Day *4*

Age

Years *44*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mollie Cranner*Father's
Name*David Cranner*Father's
Birthplace*Md*Mother's
Maiden Name*Hannah Paulders*Mother's
Birthplace*Md*Name of person giving
In formation*William Newlander*How related
to deceased*Not any*

CAUSES OF DEATH

Primary

Tuberculosis

How long

3 or 4 years

Immediate

Hemorrhage of Lungs

How long

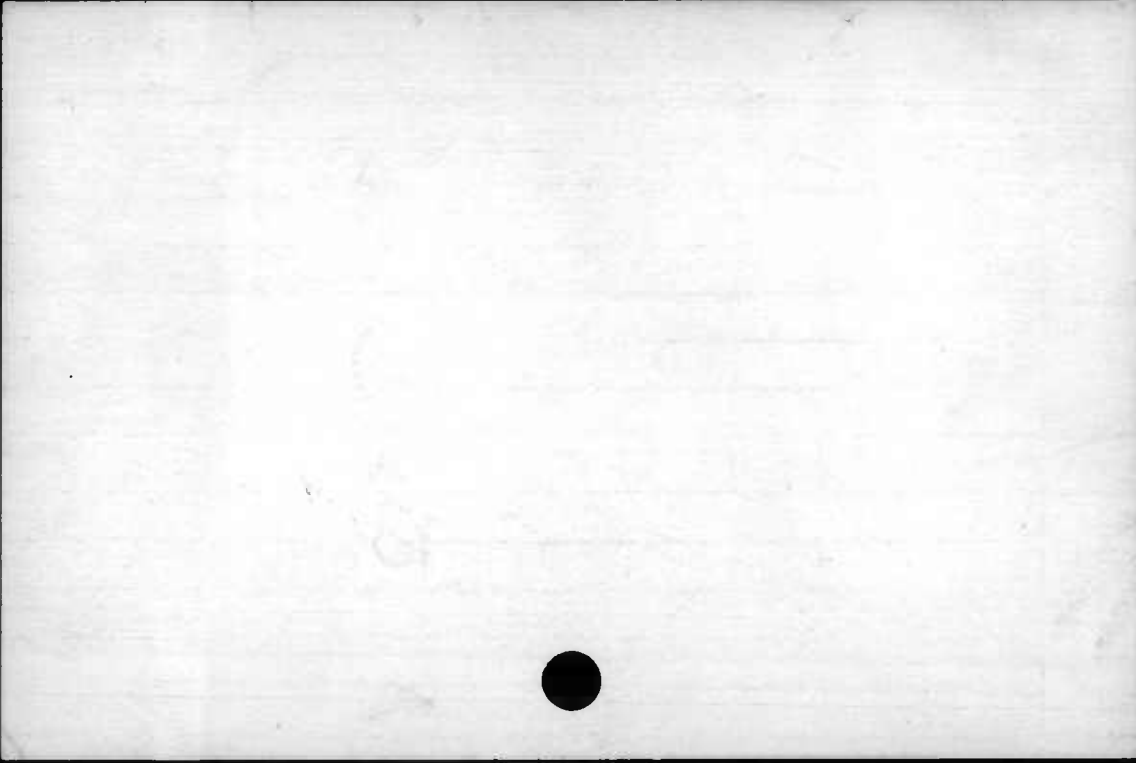
*Half Hour*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. W. Gettendanger M.D.*

Address

*Beaver Creek
Wash. Co. Md.*

Accident or Suicide?

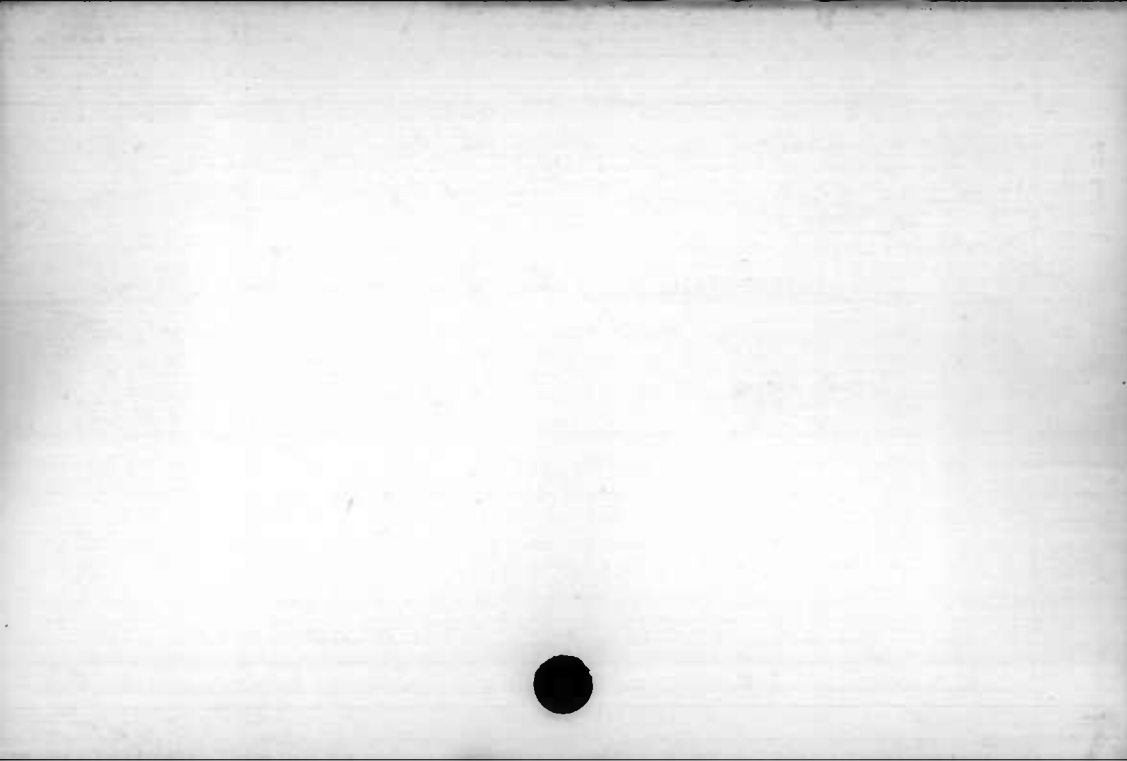
*_____*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mrs Laura Dakin				CERTIFICATE OF DEATH	
		Town		County		Perma. MARYLAND	
Died at		Barlisch					
Date of death		1905	Month	May	Day	5	Age
							68
Sex		female		Color or Race		white	
Occupation		H W		Birth-place		Md.	
				Where Residing if not at place of death			
Married, Single or Widowed		widow		Name of Husband		Wm H. Dakin.	
Father's Name		Charles Spangler		Father's Birthplace		Md.	
Mother's Maiden Name		Rebecca Artz		Mother's Birthplace		"	
Name of person giving information		C. A. Spangler		How related to deceased		brother.	
CAUSES OF DETH							
Primary				How long		154	
Immediate		General Debility		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chasuter Hone	
				Address		Hagerstown Md.	
Accident or Suicide?							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Virginia Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1905	Month	3	Day	3
Age	69	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	Ma
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Joseph M. East			Father's Birthplace	Na
Mother's Maiden Name	Mary Stricker			Mother's Birthplace	Na
Name of person giving information	Stella Harrison			How related to deceased	Daughter

CAUSES OF DEATH

Primary

Bronchitis

How long

3 months

Immediate

Exhaustion

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. J. F. M. D.

Hagerstown

Maryland.

Accident or Suicide?

Manchester Va

Name
In
Full

Daniel Schniebley SELLINGER No 242

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halfway</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>21st</i>	Years <i>69</i>	Months <i>2</i>	Days <i>18</i>
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Bedford Grove</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Charles B. SELLINGER</i>			Father's Birthplace <i>near Williamsport</i>		
Mother's Maiden Name <i>Susan SELLINGER</i>			Mother's Birthplace <i>Washington Co</i>		
Name of person giving information <i>S. K. Snively</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lagrippe</i>	How long <i>Two weeks</i>
Immediate <i>Heart Failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. K. Snively, M. D.</i>
	Address <i>Williamsport Md</i>
Accident or Suicide?	

Karl Hoffman

Name
in
Full

Catherine Dickey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Parkhead ^{County} WashDate of death 1903 ^{Month} 3 ^{Day} 8 Age ^{Years} ^{Months} 2 ^{Days} 13

Sex Female Color or Race White Birth-place Ind

Occupation Where Residing if not at place of death Parkhead

Married, Single or Widowed Name of Wife or Husband

Father's Name Geo W. Dickey Father's Birthplace Ind

Mother's Maiden Name Edna Reed Mother's Birthplace Ind

Name of person giving information G W Dickey How related to deceased Father

CAUSES OF DEATH

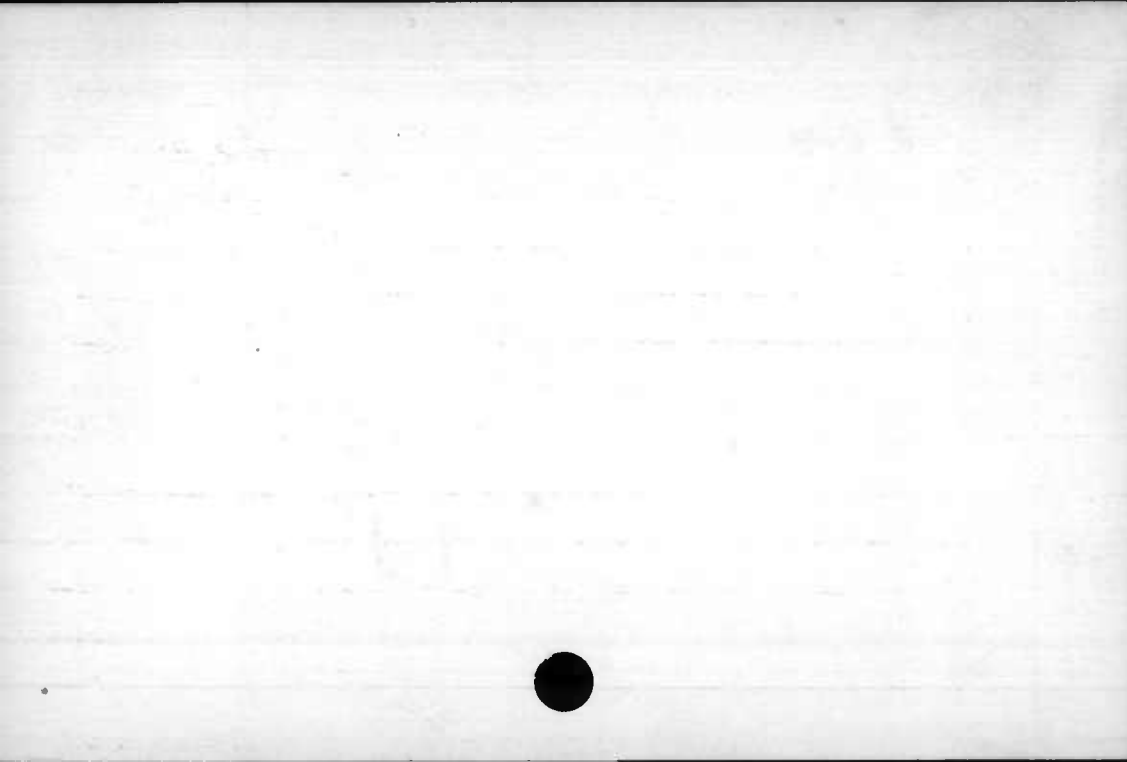
Primary Whooping cough ^{How long} 2 weeksImmediate Exhaustion ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. E. Steegers MD

Frank Jones Address Hancock

Undertaker Accident or Suicide? Ind

PHYSICIAN
OR CORONER



Name
in
Full

Anna Katherine Eavey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hagerstown^{County} Wash.

MARYLAND

Date of death 1905 ^{Month} 3 ^{Day} 28Age ^{Years} —^{Months} 6^{Days} 22

Sex female

Color or
Race

white

Birth-
place

Md.

Occupation

child

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Herman R. Eavey

Father's
Birthplace

Md.

Mother's
Maiden Name

Anna Kenney

Mother's
Birthplace

"

Name of person giving
in formation

H. R. Eavey

How related
to deceased

father

CAUSES OF DEATH

Primary

Pneumonia

How long

1 wk

Immediate

..

How long

..

Are the name, age, sex, color, date
and place correctly given above?

yes

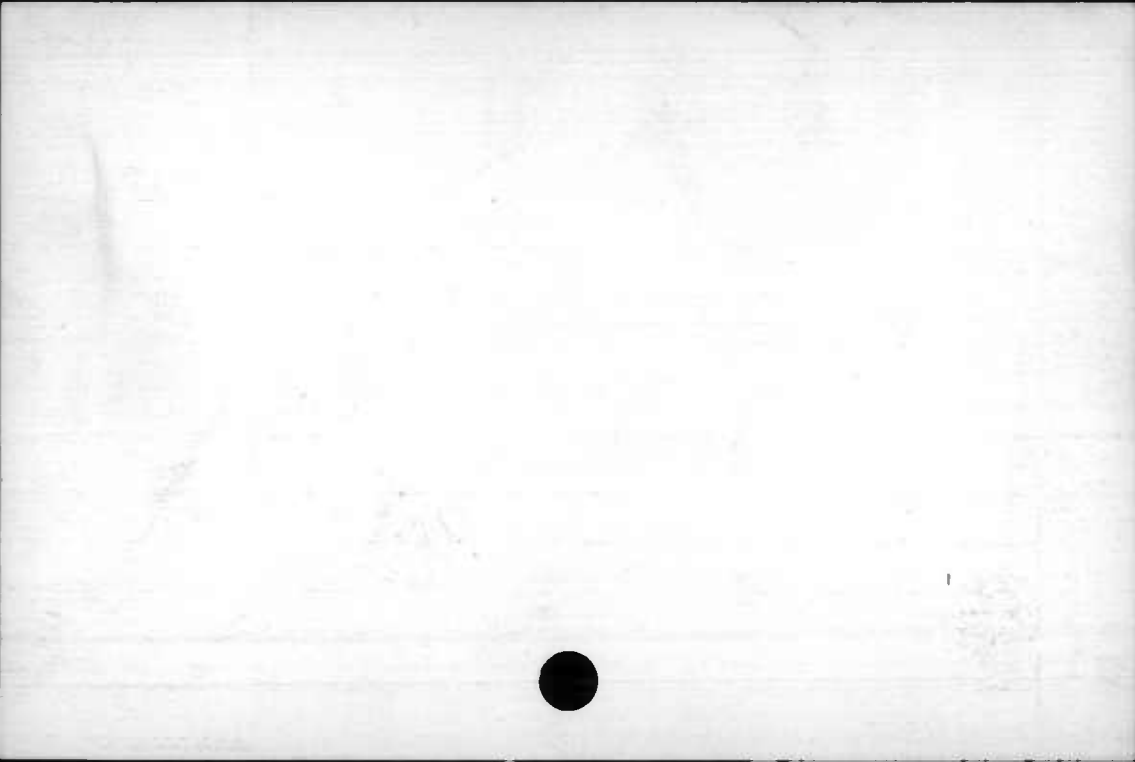
Signature of
Physician

Address

W. R. D. Willup
Hagerstown
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

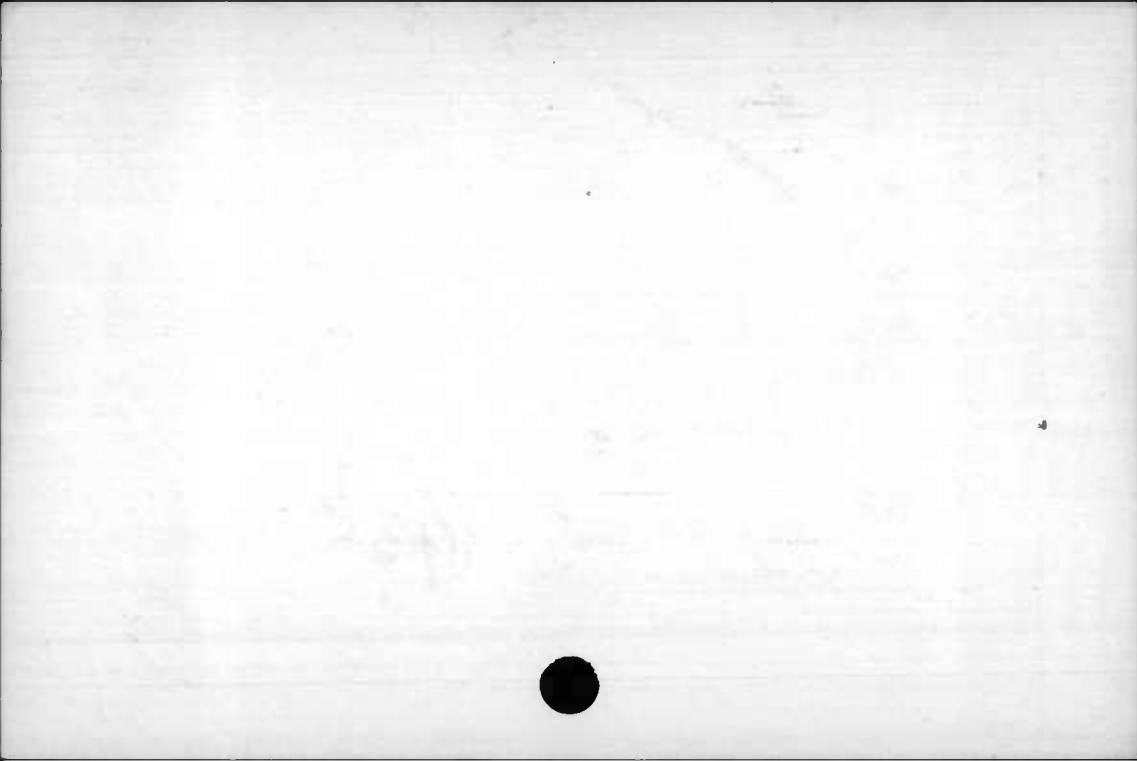
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Ernest Eyles</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>8</i>		Years <i>2</i>		Months <i>9</i>		Days <i>17</i>	
Date of death <i>1904</i>		Age <i>2</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i></i>				Name of Wife or Husband <i></i>							
Father's Name <i>Harry Eyles</i>				Father's Birthplace <i>Md</i>							
Mother's Maiden Name <i>Pedra Smith</i>				Mother's Birthplace <i>Md</i>							
Name of person giving information <i></i>				How related to deceased <i></i>							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
	Immediate <i>Heart failure</i>	How long <i></i>
	Are the name, age, sex, color, date and place correctly given above?	
	Signature of Physician <i>L. M. Zimmerman</i>	
Address <i>Hagerstown Md</i>		
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Daniel P. Halerney

CERTIFICATE OF DEATH

Died at		Hagerstown		Washington		MARYLAND	
Date of death		1905	Mar	5	Age	64	
Sex	male	Color or Race	white		Birth-place	Md.	
Occupation	Physician			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife		Susan Halerney		
Father's Name	Daniel Halerney				Father's Birthplace	Md.	
Mother's Maiden Name	Amy Welty				Mother's Birthplace	"	
Name of person giving information	Susan Halerney				How related to deceased	wife	

CAUSES OF DEATH

Primary

Paralysis
& exhaustion

How long

66

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

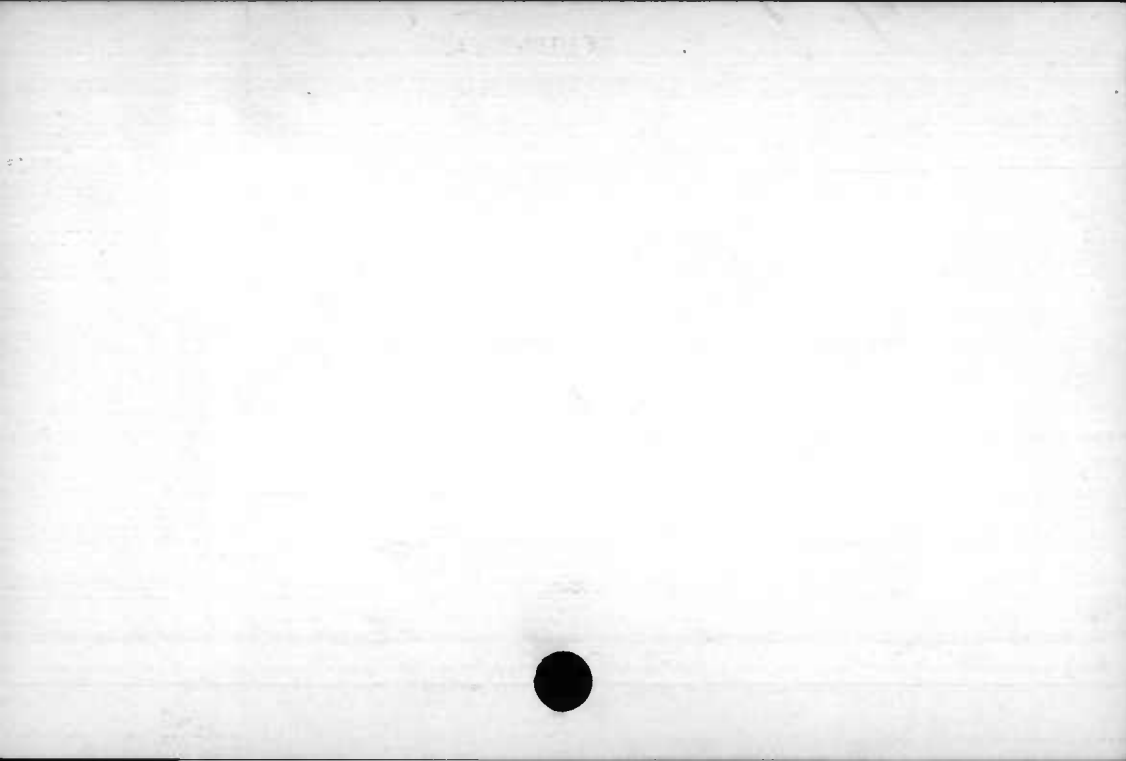
yes

Signature of Physician

Address

E. R. Scheller
Hagerstown
Md.

Accident or Suicide?



Name in Full		John Tall-Still Born				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Hagerstown		Washington		MARYLAND	
		Date of death 1903-		Month 8		Day 11	
		Age		Years		Months	
		Sex		Male		Color or Race	
		White		Birth-place		Md	
		Married, Single or Widowed		Single		Occupation	
Name of Wife or Husband							
Father's Name		Lorsey M. Tall				Father's Birthplace	
Mother's Maiden Name		Bessie Dorner				Mother's Birthplace	
Name of person giving information		Lorsey M. Tall				How related to deceased	
		Father					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Murder		How long	
		Immediate		134V		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Daniel A. Warkins		Address	
				Hagerstown Md.			
Accident or Suicide?							

Rose Hill

Name
in
Full

Alice L. Fessler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		County		MARYLAND	
Date of death		1905	Month 3	Day 19	Age 5-6	Months 4	Days 18		
Sex		Female		Color or Race		White		Birth-place	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		John Fessler			
Father's Name		David Leeper		Father's Birthplace		Germany			
Mother's Maiden Name		Rosanna Liebold		Mother's Birthplace		Germany			
Name of person giving information				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malignant Disease Liver	How long	4-5
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. E. Markberry	
		Address	
		Hagerstown	
Accident or Suicide?			

Rose Hill

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *William J. Gardner*Died at *Hagerstown*County *Washington*Date of death *1906-*Month *3*Day *18*

Age

Years

Months *6*Days *7*Sex *Male*Color or
Race *White*Birth-
place *md*

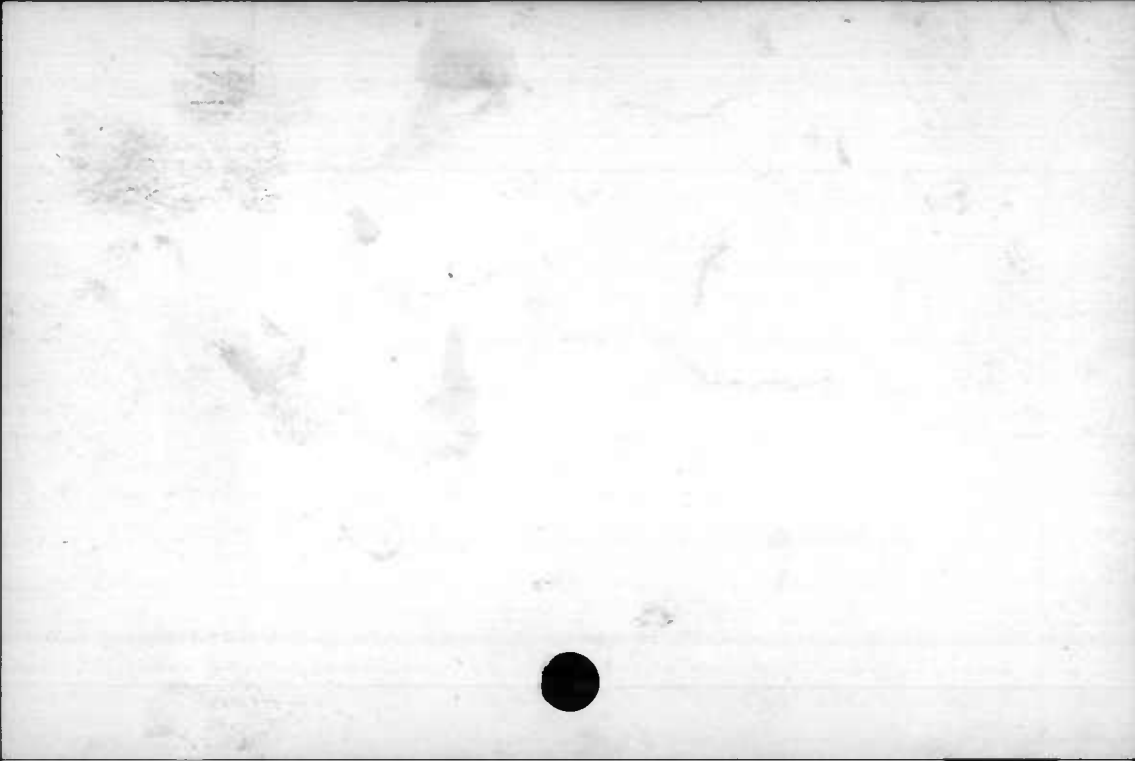
Occupation

Where Residing if not
at place of death☒ Married, Single
or *Widowed*Name of Wife or
HusbandFather's
Name *James E. Gardner*Father's
Birthplace *Pa*Mother's
Maiden Name *Lenora Wayner*Mother's
Birthplace *md*Name of person giving
Information *James Gardner*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Influenza*How long *Four days*Immediate *Broncho Pneumonia*How long *Four days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *J. C. Clevatkins M.D.*Address *Hagerstown Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

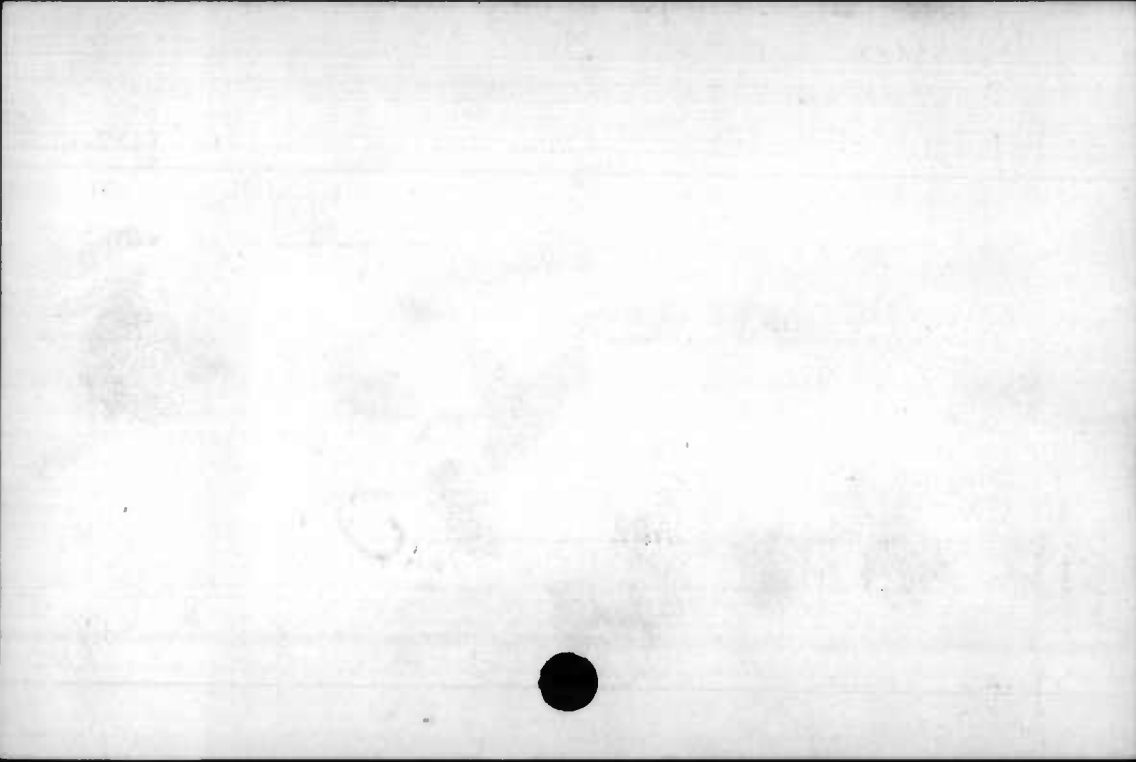
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Big Pool</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>still-born</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Gustavus R Gearhart</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lessie Rapp</i>			Mother's Birthplace <i>md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born Still born</i>	How long
Immediate	<i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>C. T. Mason</i>
		Address <i>Clearspring, md</i>
Accident or Suicide?		



Name in Full		John W Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Emmettsville		County Washington Co		MARYLAND	
	Date of death	1905	Month 3	Day 18	Age	Years 2	Months 4
	Sex	male		Color or Race	white		Birth-place
	Occupation	X		Where Residing if not at place of death		X	
	Married, Single or Widowed	single		Name of Wife or Husband		X	
	Father's Name	John L Green				Father's Birthplace	sharpsburg
	Mother's Maiden Name	Bessy B Scheffins				Mother's Birthplace	Brownshoro
Name of person giving information	susan B Schuffins				How related to deceased	Mother	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Catarrhal Pneumonia				How long	1 week
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	W. M. Perchard
						Address	Fairplay.
	Accident or Suicide?						

50



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary E Groves		Town New Hope		County Washington		STATE MARYLAND	
Died at New Hope		Month 3		Day 6		Years 62	
Date of death 1905		Month 3		Day 6		Years 62	
Sex Female		Color or Race White		Birth-place md		Months —	
Occupation House work		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband —					
Father's Name Joseph Swavelly		Father's Birthplace md					
Mother's Maiden Name Mary Ann Becker		Mother's Birthplace md					
Name of person giving information Lucretia Groves		How related to deceased Son					

CAUSES OF DEATH

Primary

Pneumonia

How long

(93)

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. H. Coffman

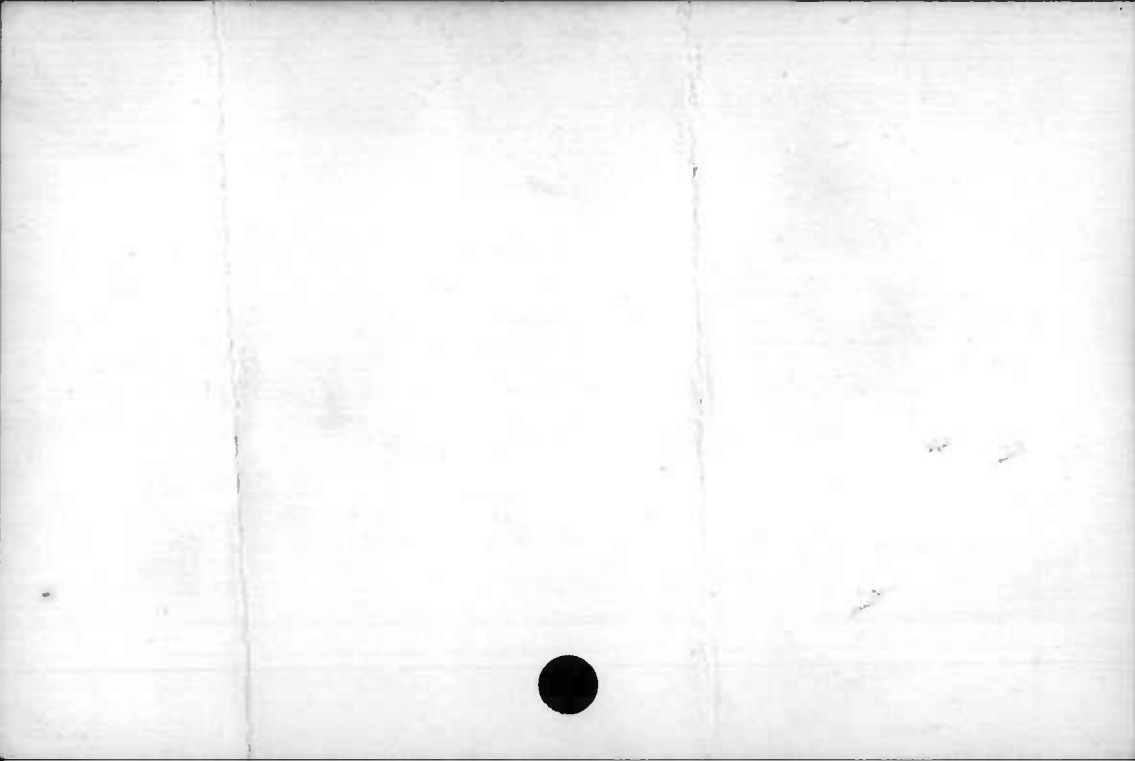
Address

**Hayes House Md
Undertaker**

Accident or Suicide?

Kudyssele ma

Name in Full		CERTIFICATE OF DEATH													
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		State							
		Rohrersville		Washington		Maryland									
		Date of death		1905	Month	2	Day	17	Age	76	Years	3	Months	23	Days
		Sex		Female		Color or Race		White		Birth-place		Rohrersville			
		Occupation		None		Where Residing if not at place of death		Rohrersville							
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Widow		Name of Wife or Husband		Thomas Haynau							
		Father's Name		John Gouff					Father's Birthplace		Rohrersville				
		Mother's Maiden Name		Don't Know					Mother's Birthplace		Don't Know				
		Name of person giving information		F R Haynau					How related to deceased		Son				
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary		Old age with dilated heart						How long		✓			
		Immediate		Heart Rupture						How long		1 minute			
		Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		C D Baker			
										Address		Rohrersville			
												Med			
		Accident or Suicide?													



Name
in
Full

Mrs Annie Keutchings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1905	Month	Mar	Day	17
Age	45	Years	3	Months	18
Sex	female	Color or Race	white	Birth-place	Penna.
Occupation	H.W.		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Husband	Walter Keutchings		
Father's Name	Evan Powell		Father's Birthplace	Penna	
Mother's Maiden Name	Louisa Walker		Mother's Birthplace	"	
Name of person giving information	Walter Keutchings		How related to deceased	husband.	

CAUSES OF DEATH

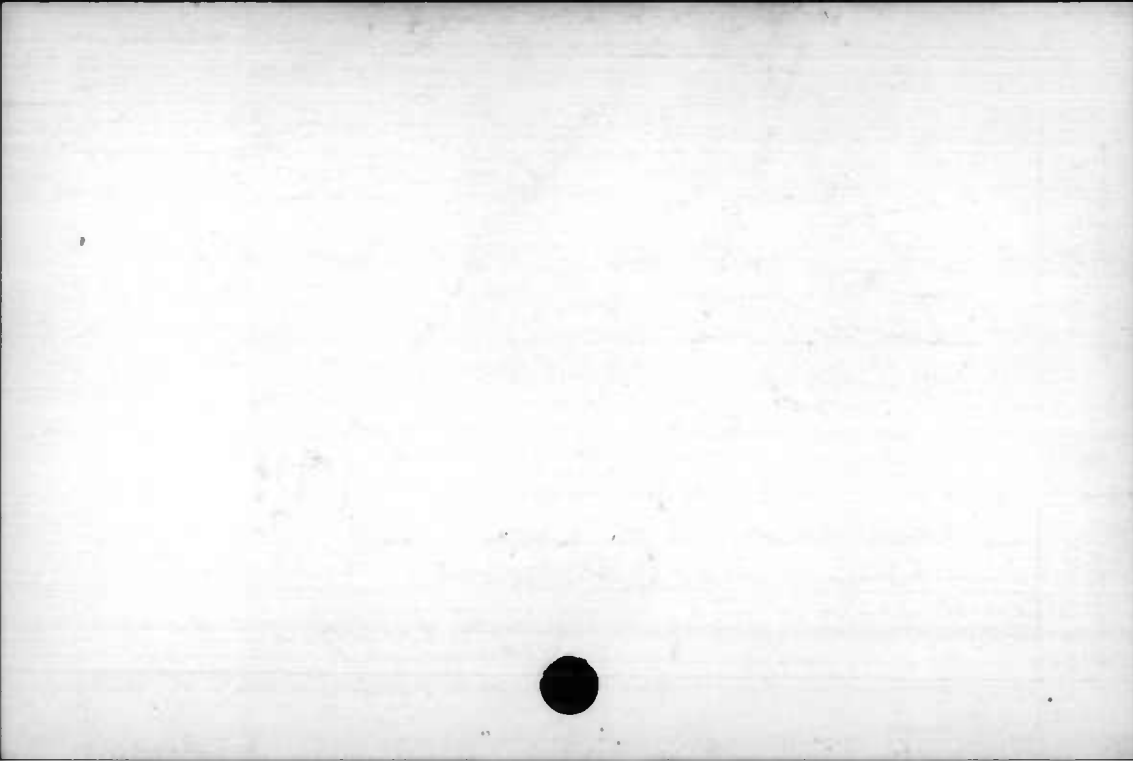
Primary	Found dead in bed asphyxiated
Immediate	by illuminating gas (accidental)
Are the name, age, sex, color, date and place correctly given above?	yes.
Accident or Suicide?	

PHYSICIAN
OR CORONERSignature of
Physician

Address

H.K. Derr.

Hagerstown,
Md.



Name
in
Full

Anna Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1905	Month	3	Day	3	Age	53
Sex	Female		Color or Race	Black		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Daniel Jackson			
Father's Name	don't know					Father's Birthplace	11
Mother's Maiden Name	11					Mother's Birthplace	11
Name of person giving information						How related to deceased	

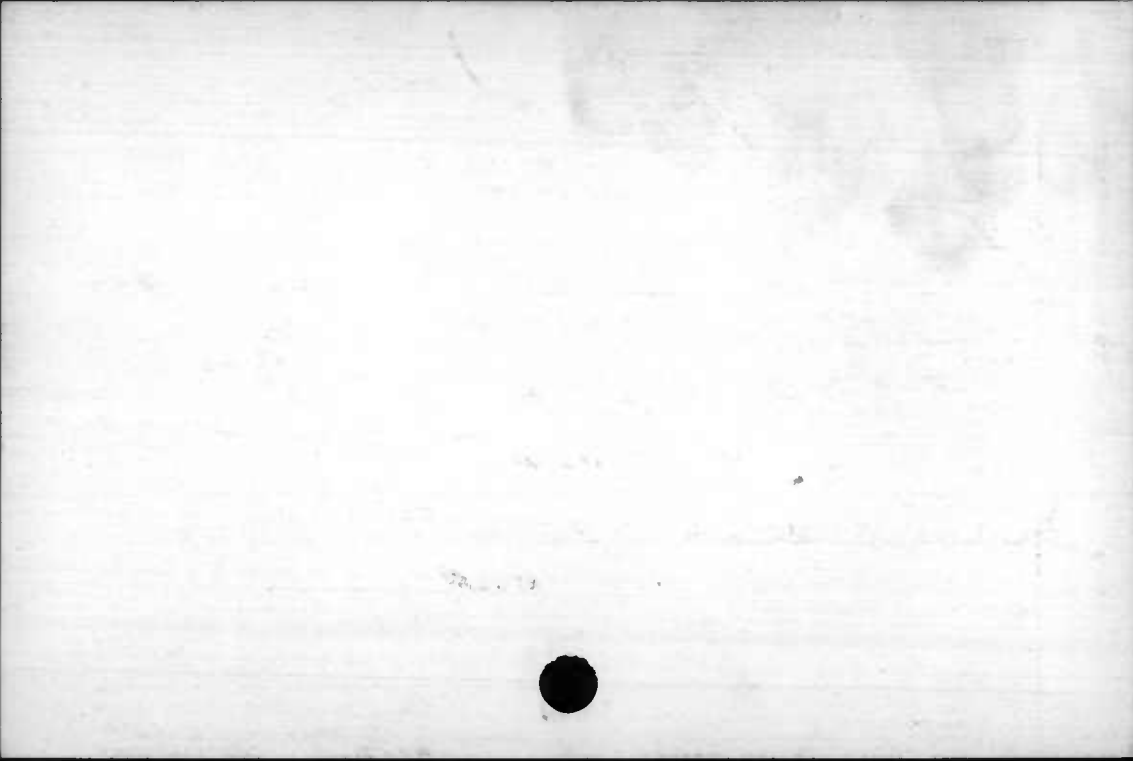
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>Several days</i>
Immediate	<i>Heart failure, Exhaustion</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. W. [unclear]</i>		
	Address <i>Hagerstown, Md.</i>		
Accident or Suicide?			

Halfway

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND
	Date of death	1905	Month <i>3</i>	Day <i>19</i>	Age <i>about 48</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Dennant.</i>	
	Occupation <i>Mechanic</i>	Where Residing if not at place of death <i>Tallapoosa Ga.</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Not Known.</i>			
	Father's Name <i>Not Known</i>	Father's Birthplace			
	Mother's Maiden Name <i>"</i>	Mother's Birthplace			
Name of person giving information <i>A. Seibert</i>	How related to deceased <i>none</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Suicide</i>		How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. L. & Son</i>		
			Address <i>Hagerstown Md.</i>		
Accident <input checked="" type="checkbox"/> Suicide?		Undertakers <i>Md.</i>			



Name
in
Full

Edward S Kaufman

CERTIFICATE OF DEATH

West Va.
MARYLANDDied at *Harpers Ferry*

Town

County

Date of death *1905* *3*

Month

Day

Age

Years

Months

Days

Sex *male*Color or
Race*white*Birth-
place*Md.*

Occupation

*R. R. Conductor*Where Residing if not
at place of death*Hagerstown Md.*Married, Single
or Widowed*married*Name of Wife or
Husband*Mrs. Mary V. Kaufman*Father's
Name*Henry Kaufman*Father's
Birthplace*Md.*Mother's
Maiden Name*Charlotte Doll*Mother's
Birthplace*"*Name of person giving
information*Mrs M. V. Kaufman*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Pneumonia

How long

93

Immediate

How long

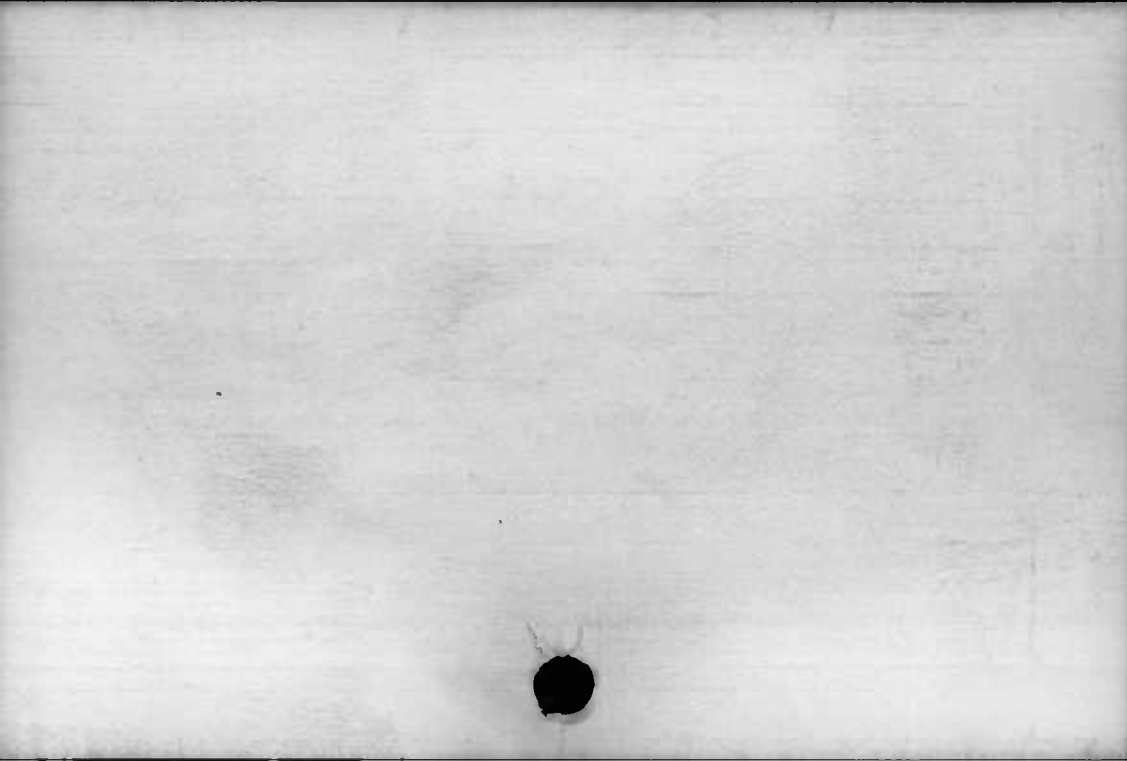
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas Euter Hou*

Address

*Hagerstown
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Elizabeth Kauser

Died at ~~Hagerstown~~

Town

Washington

County

MARYLAND

Date

of death 1905

Month

3

Day

18

Age

Years

76

Months

5

Days

Sex
Occupation

Female

H. W.

Color or
Race

white

Birth-
place

Md.

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of
Husband

Joseph Kauser.

Father's
Name

Samuel Barchtel.

Father's
Birthplace

Md.

Mother's
Maiden Name

Fanny Squirely

Mother's
Birthplace

"

Name of person giving
In formation

Joe Kauser

How related
to deceased

husband

CAUSES OF DEATH

Primary

Cancer of The Lungs

How long

33 1/2 months

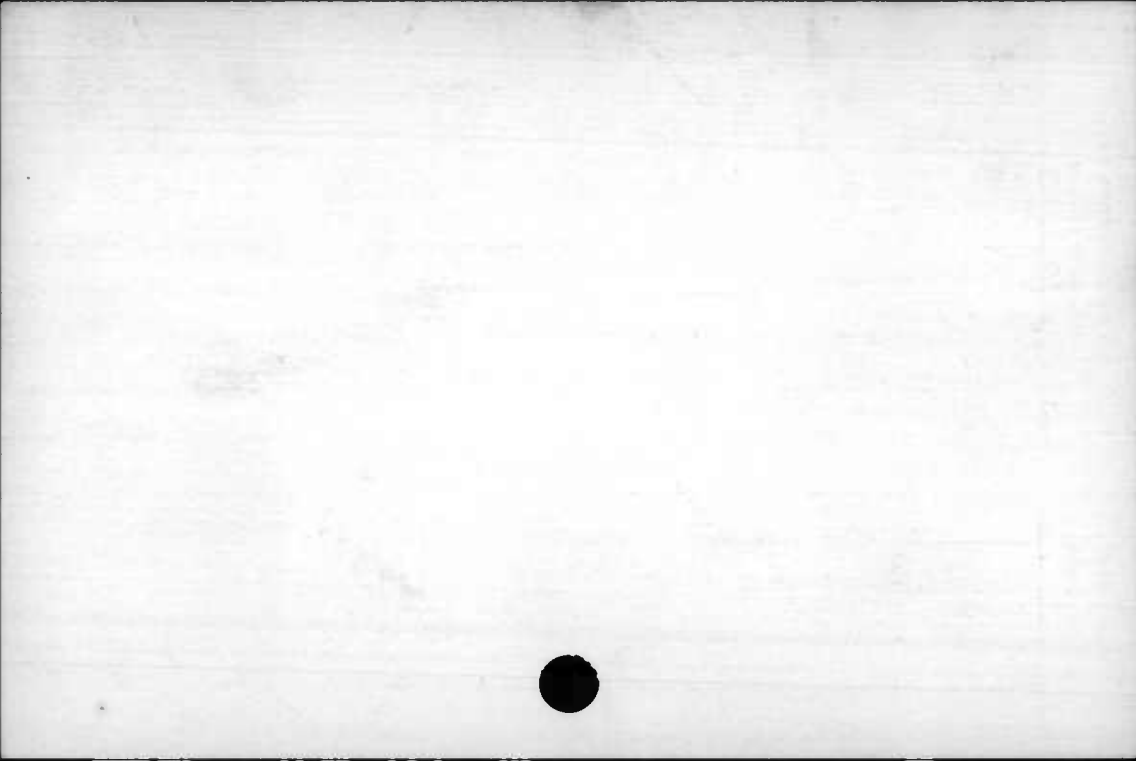
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

A St 4th and
Hagerstown Md

Accident or Suicide?



Name
in
Full

Nellie E. Enodde

CERTIFICATE OF DEATH

Died at *Hagerstown* Town *Washington* County MARYLANDDate of death *1905* Month *3* Day *11* Age *16* Years Months *1* Days *19*Sex *Female* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____Father's Name *Wm. H. Enodde* Father's Birthplace *Md*Mother's Maiden Name *Nellie E. Wagons* Mother's Birthplace *Md*

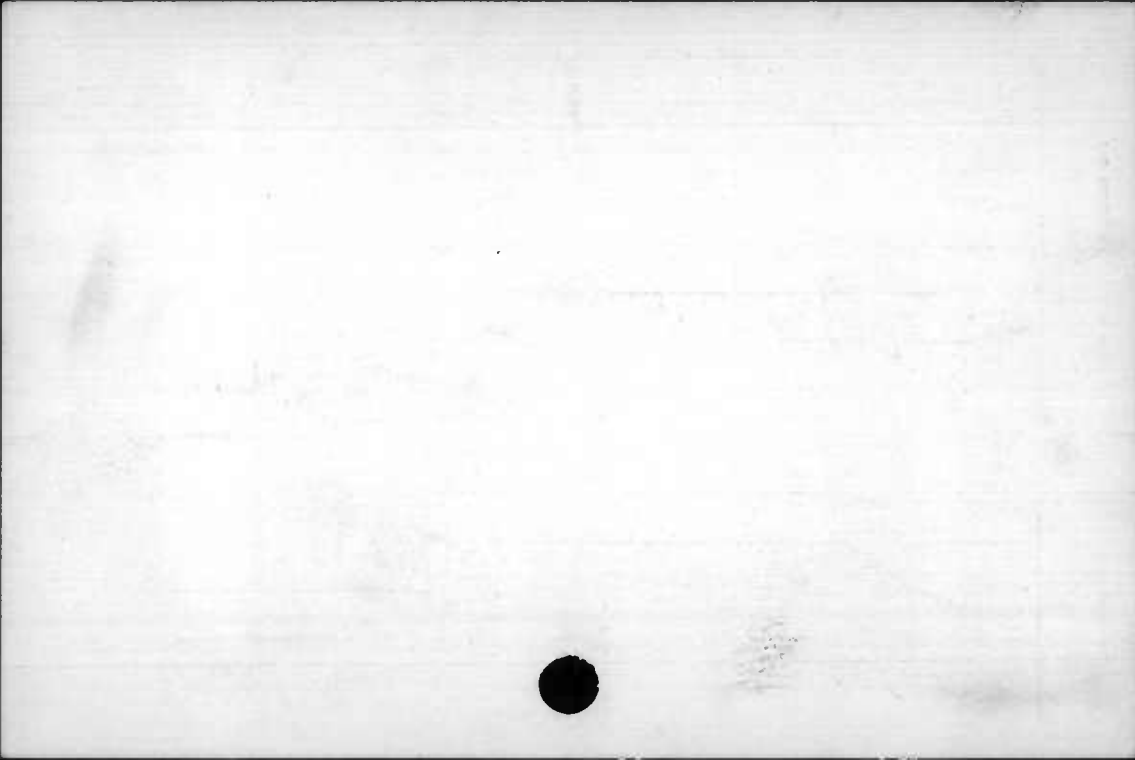
Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

Primary *Congestion of Kidney* How long *12 1/2* *Few days*Immediate *Uremic Intoxication* How long *Few days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician _____Address *Geo. D. Brylman*

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		MAYLAND	
Nancy Kretzinger		Hagerstown		Washington					
Died at		Date of death 1903		Month 3		Day 15		Age 68	
Sex Female		Color or Race White		Birth-place Md					
Married, Single or Widowed		Married		Occupation					
Name of Wife or Husband		David Kretzinger		Father's Name		Samuel Rice		Father's Birthplace Md	
Mother's Maiden Name		Sarah Beard		Mother's Birthplace		Md			
Name of person giving information		David Kretzinger		How related to deceased		Husband			
CAUSES OF DEATH									
Primary		La Grippe		How long		(10)			
Immediate		Exhaustion		How long					
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		O. W. Pagan			
				Address		Hagerstown, Md.			
Accident or Suicide?									

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Beaver Creek

Name
in
Full

Robert Fulton Lamar

CERTIFICATE OF DEATH

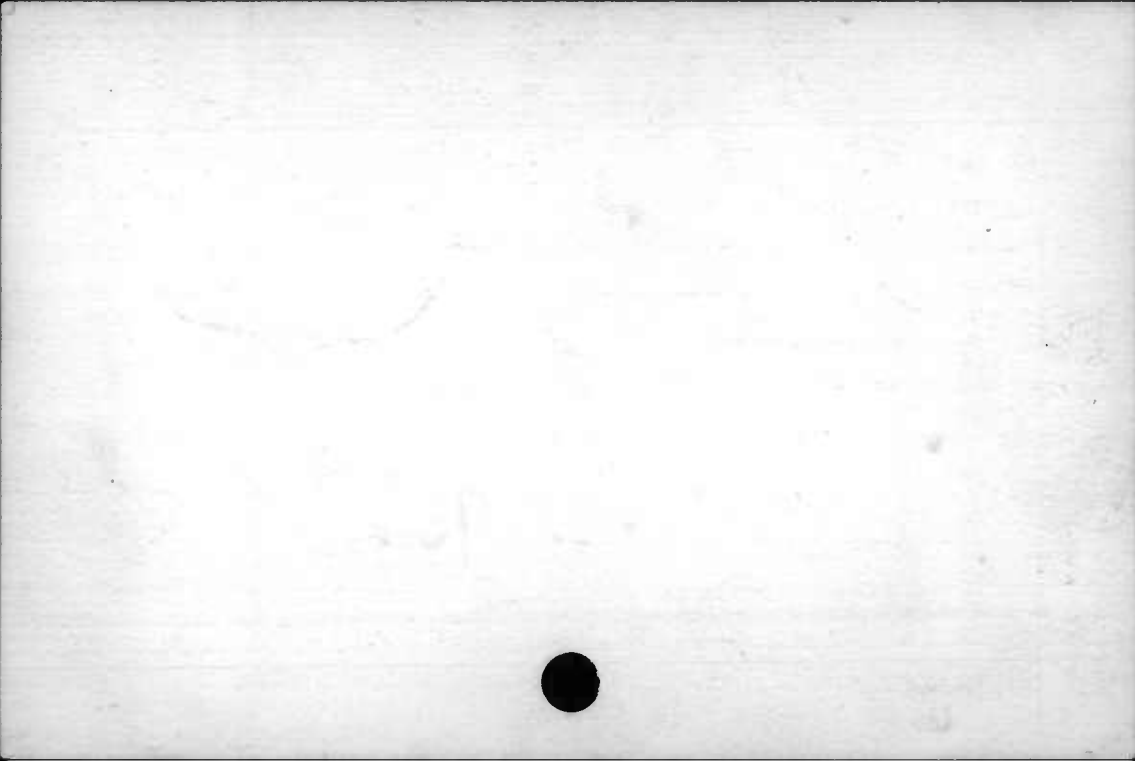
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lafayette</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>3</u> <small>Day</small> <u>13</u> <small>Age</small> <u>60</u> <small>Years</small> <u>~</u> <small>Months</small> <u>~</u> <small>Days</small>		Sex <u>Male</u> <small>Color or Race</small> <u>White</u>		<small>Birth-place</small> <u>Fredrick Co</u>	
<small>Occupation</small> <u>School Teacher</u>		<small>Where Residing if not at place of death</small> <u>~ ~</u>			
<small>Married, Single or Widowed</small> <u>married</u>		<small>Name of Wife or Husband</small> <u>Elenora Eakle</u>			
<small>Father's Name</small> <u>William B Lamar</u>		<small>Father's Birthplace</small> <u>~ ~</u>			
<small>Mother's Maiden Name</small> <u>Elizabeth Harley</u>		<small>Mother's Birthplace</small> <u>~ ~</u>			
<small>Name of person giving information</small> <u>Elenora Lamar</u>		<small>How related to deceased</small> <u>wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

<small>Primary</small>	<u>Pneumonia</u> <u>93</u> <u>✓</u> <u>How long</u> <u>1 week</u>
<small>Immediate</small>	<u>Cardiac Exhaustion</u> <u>How long</u> <u>~ ~ ~</u>
<small>Are the name, age, sex, color, date and place correctly given above?</small>	<u>yes</u>
<small>Signature of Physician</small>	<u>W. M. Reichard</u>
<small>Address</small>	<u>Train Play.</u>
<small>Accident or Suicide?</small>	<u>~ ~</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ellis May Lapole</i>		Town <i>Trago</i>		County <i>Washington</i>		State <i>Maryland</i>	
Died at <i>Trago</i>		Date of death 1905-13		Age 15		Days 5	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Trago</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Trago</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Andrew Lapole</i>					
Father's Name <i>Andrew Lapole</i>		Father's Birthplace <i>Lowell Grove</i>					
Mother's Maiden Name <i>Mary Thomas</i>		Mother's Birthplace <i>Antietam</i>					
Name of person giving information <i>Andrew Lapole</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>atmospheric changes</i>	How long	<i>1 day</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>4 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Atkins</i>	
		Address <i>Shedville Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Helen S Leahman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reid</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1905-</u>	<u>3</u> <small>Month</small>	<u>9</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>5-</u> <small>Months</small>
			<u>21</u> <small>Days</small>		
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>MD</u>
Occupation			Where Residing if not at place of death		
Married , Single	Name of Wife or Husband				
Widowed					
Father's Name	<u>Howard Leahman</u>			Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Florence Sprecher</u>			Mother's Birthplace	<u>MD</u>
Name of person giving information	<u>Howard Leahman</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary

Congestive Lung

Holding

Holding

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

HAGERSTOWN
MARYLAND.

Accident or Suicide?

Roe "Hill"

Name
in
Full

Charles E Leiter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lee as per</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>3</i> ^{Day} <i>14</i>		Age <i>—</i> ^{Years}		<i>1</i> ^{Months} <i>13</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm Leiter</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Minnie Keller</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Wm Leiter</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Remotely Birth Infection</i>		How long <i>1 month</i>
Immediate <i>Infection</i>		How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. N. Shatto</i>
		Address <i>Hagerstown</i>
Accident or Suicide?		

Burial in

Middletown

Name
in
Full

CERTIFICATE OF DEATH

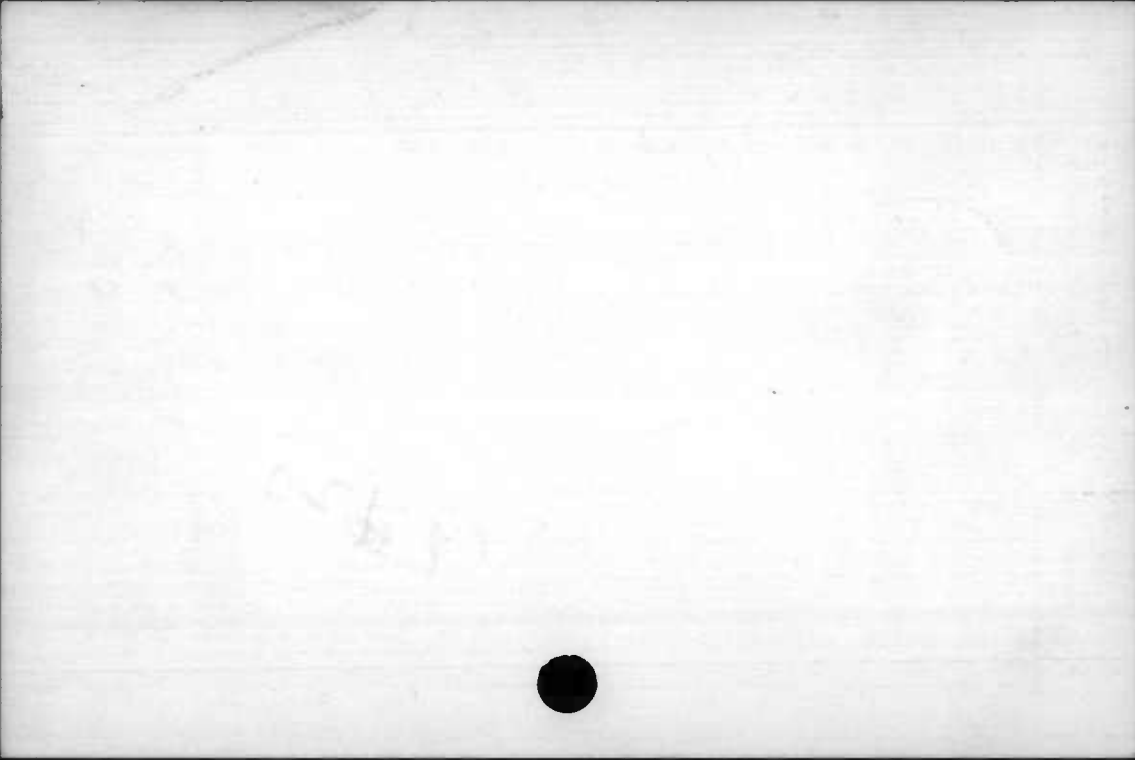
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mrs Fannie Lushbaugh		Town Hagerstown		County Wash.		MARYLAND	
Died at		Month 13		Day 24		Years 79	
Date of death 1905		Age 79		Months 6		Days 21	
Sex female		Color or Race white		Birthplace Md.			
Occupation H.W.		Where Residing if not at place of death					
Married, Single or Widowed widow		Name of Wife or Husband George Lushbaugh					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	defective heart & kidneys	How long	20 years
Immediate	anxiety, exhaustion	How long	several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address Off W. Pague	
Accident or Suicide?		Hagerstown Md	



Name in Full		Edna Catharine Mills				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Thilliamsport		Washington					
	Date of death		Month	Day	Age	Years	Months	Days
	1905		3	17	2	1	8	20
	Sex		Color or Race		Birthplace			
	Female		White		MD			
	Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Charles E. Mills		
Father's Name		Isaac W. Hall		Father's Birthplace		Va		
Mother's Maiden Name		Mary A. Monroe		Mother's Birthplace		Md		
Name of person giving information		Charles Mills		<input checked="" type="checkbox"/> Not related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long		6 months
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		Theo Boose
						Address		Hagerstown Md
	Accident or Suicide?							

~~August~~

Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

Unnamed infant
Fairplay Washington

MARYLAND

Died at

Date

of death 1905

Month

3

Day

26

Age

Years

Months

12

Days

Sex

Female

Color or
Race

white

Birth-
place

md

Occupation

none

Where Residing if not
at place of death

~~Married~~ Single
or ~~Widowed~~

Name of Wife or
Husband

Father's
Name

Harry T. Moats

Father's
Birthplace

Wash Co

Mother's
Maiden Name

Bessy H. Miller

Mother's
Birthplace

Wash Co

Name of person giving
In formation

Harry T. Moats

How related
to deceased

Father

CAUSES OF DEATH

Primary

Debility

151

How long

12 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

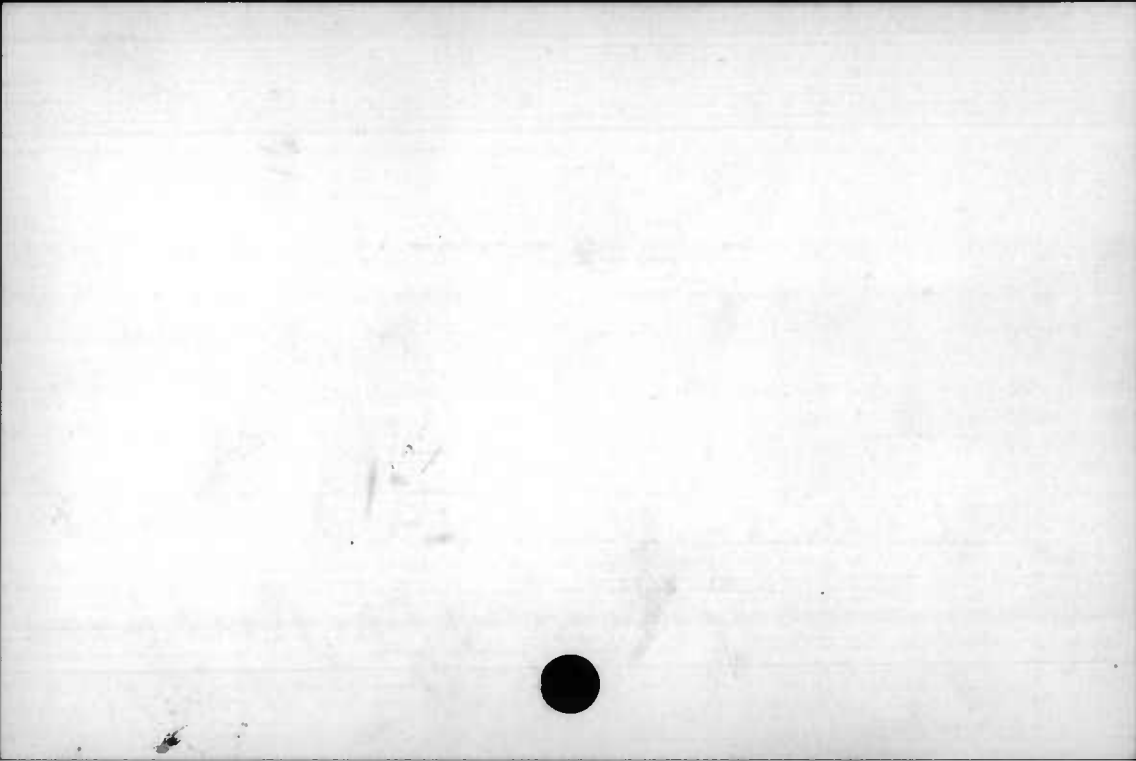
B. M. Reichard
Fairplay

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

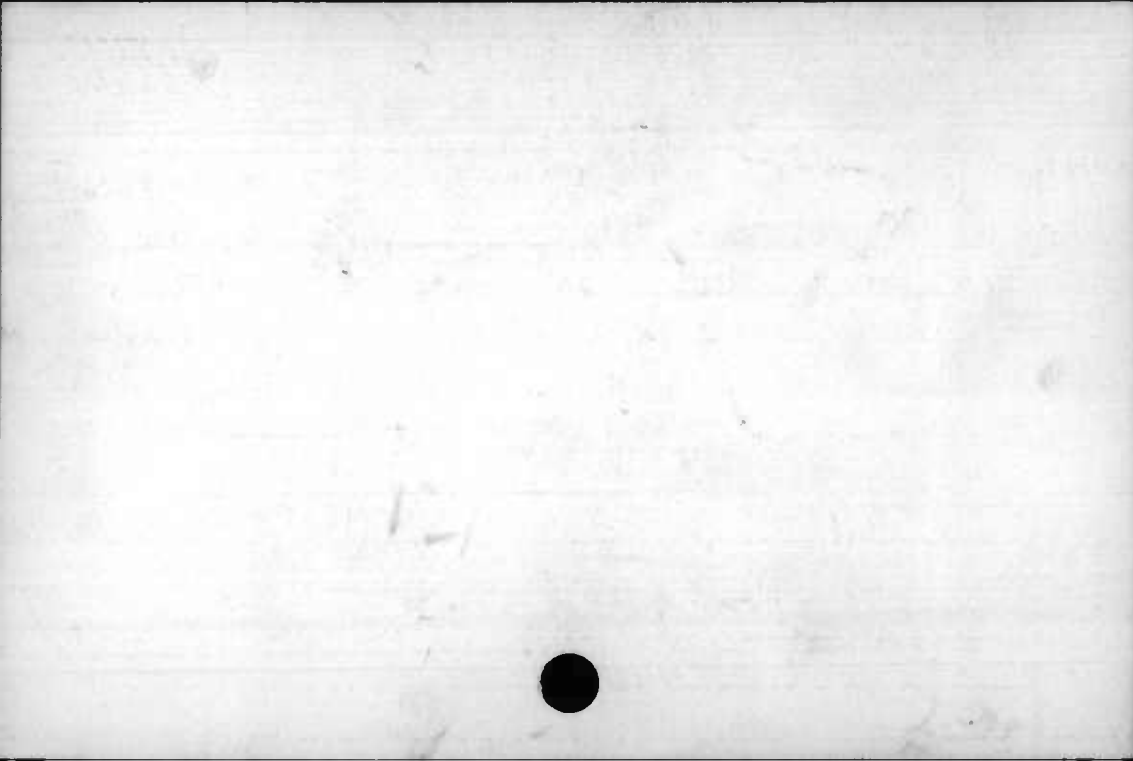
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mark Morgan</i>		Town <i>Lappans</i>		County <i>Washington</i>		MARYLAND			
Died at		Date of death <i>1905</i>		Month <i>3</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lappans</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>George W. Morgan</i>		Father's Birthplace <i>Sharpsburg</i>							
Mother's Maiden Name <i>Ellen R. Pennell</i>		Mother's Birthplace <i>Sharpsburg</i>							
Name of person giving information <i>George W. Morgan</i>		How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Debility</i>	<i>151</i>	How long <i>4 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. M. Richard</i>	Address <i>Hair play.</i>
Accident or Suicide?		



Name
in
Full

Ruanna Newcomer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County

Died at Bennerola Wash

MARYLAND

Date of death 1905^{Month} March^{Day} 15^{Years} Age 87^{Months} 11^{Days} 22

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Bennerola

Married, Single or Widowed Widow Name of Wife or Husband David H. Newcomer

Father's Name Henry Thomas Father's Birthplace Maryland

Mother's Maiden Name Schuster Mother's Birthplace Maryland

Name of person giving information Wife of ^{son} David H. Newcomer How related to deceased Son

CAUSES OF DEATH

Primary Old age and general debility How long 2 years

Immediate Valvular disease of Heart How long 1 year

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

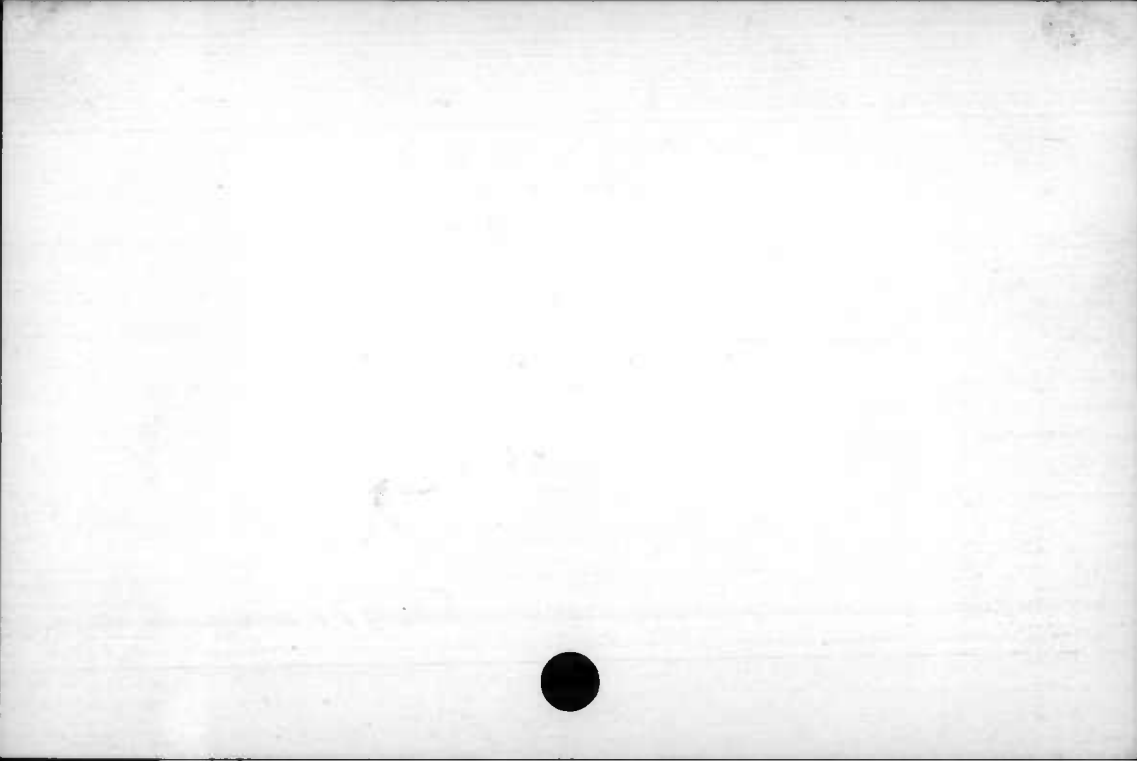
A. G. Lovell

Address

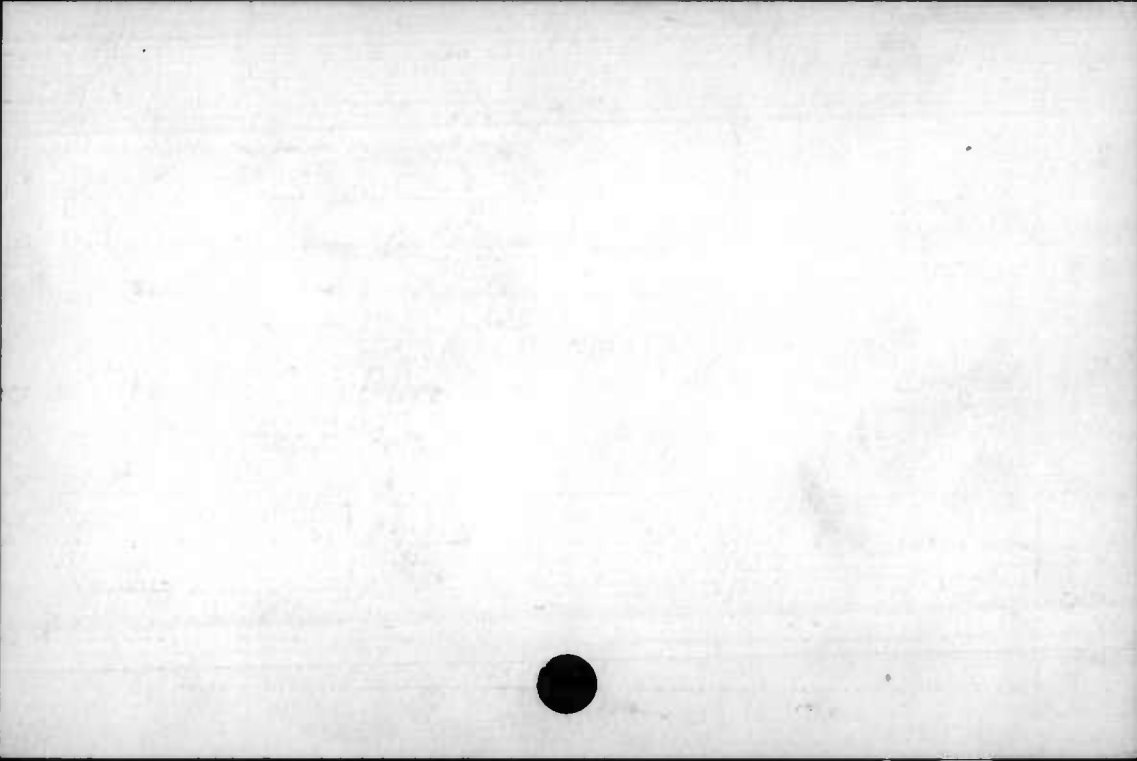
Bennerola
Inda

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Maria A Paddison				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Bellew	County Washington	MARYLAND		
		Date of death 1905		Month Mar.	Day 22	Age 76	Months 9	Days 18
		Sex Female		Color or Race white		Birth-place Woburn		
		Married, Single or Widowed Widow		Occupation H.W.				
		Name of Wife or Husband Gorg F Paddison						
		Father's Name Samuel Lynch		Father's Birthplace Woburn				
		Mother's Maiden Name Margaret Parrott		Mother's Birthplace Romey W. Va.				
		Name of person giving information Annie K Miller		How related to deceased Daughter				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Paralysis		How long 3 months		
		Immediate		Exhaustion		How long —		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician M B Monroe		
				no		Address Hagerstown Md.		
		Accident or Suicide?		no				



Name
in
Full

CERTIFICATE OF DEATH

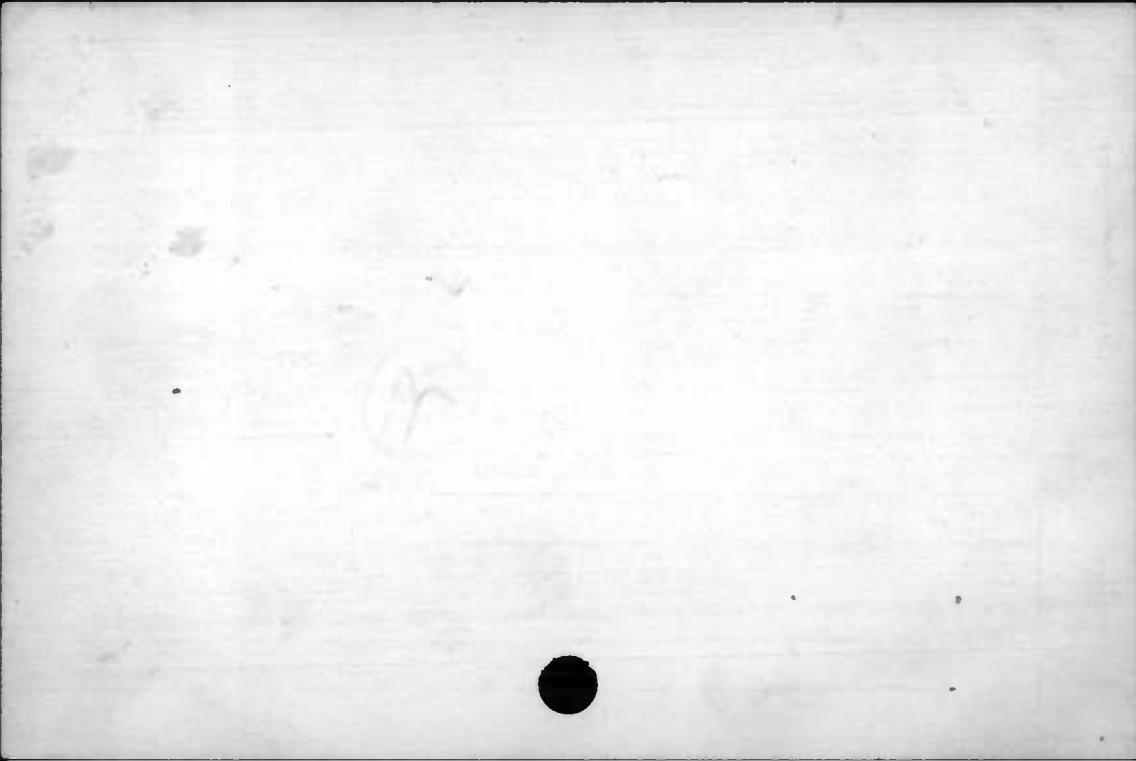
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Powell</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND							
Died at		Month <i>3</i>		Day <i>7</i>		Age <i>70</i>		Years <i>10</i>		Months <i>23</i>		Days <i>5</i>	
Date of death <i>1903</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ellen Le Carr</i>		Father's Name <i>not known</i>		Father's Birthplace		Mother's Maiden Name		Mother's Birthplace		How related to deceased <i>Child</i>	
Name of person giving information													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart disease</i>		How long <i>5 months - 21 days</i>	
Immediate <i>Asphyxia & Inanition</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr F. D. Newcomer</i>	
		Address <i>Punkstown, Md.</i>	
Accident or Suicide?			



Name
in
Full

Franklin Lrs Poy

CERTIFICATE OF DEATH

State
MARYLAND

Died at Keedysville Wash County

Date of death 1905 3 18 Age 15 9 Months 14 Days

Sex Male Color or Race White Birth-place Keedysville

Occupation None Where Residing if not at place of death Keedysville

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

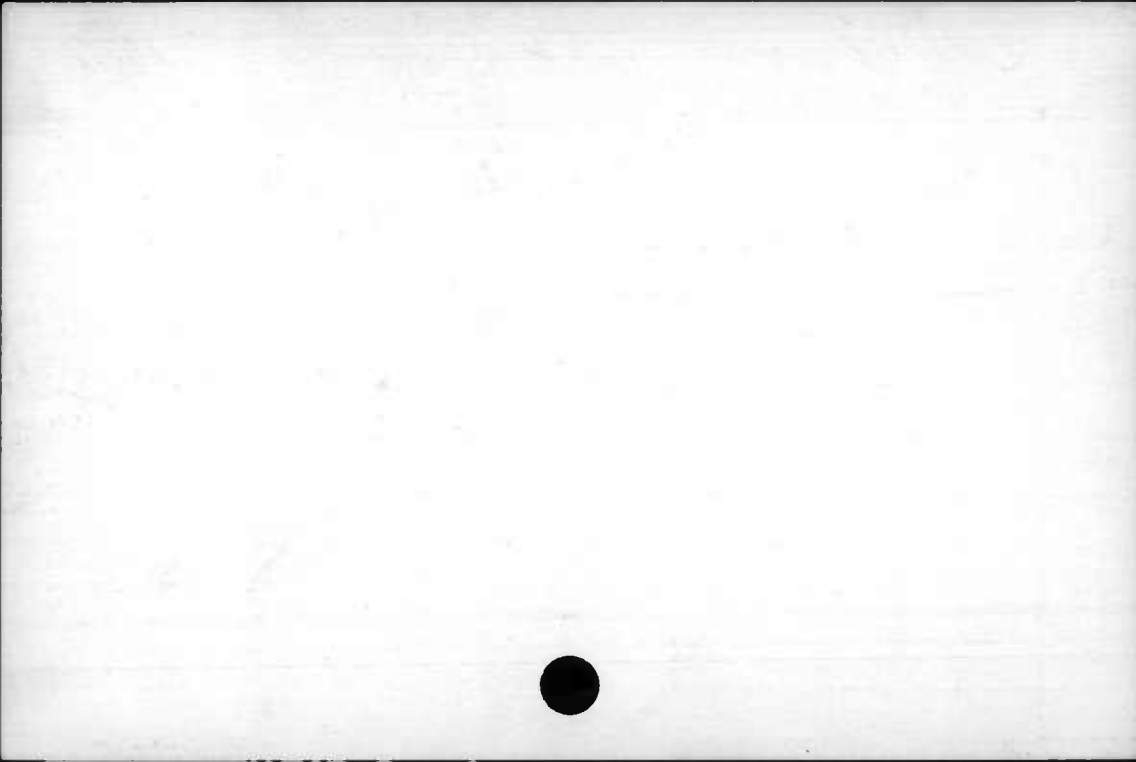
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Paul Leon Pyle

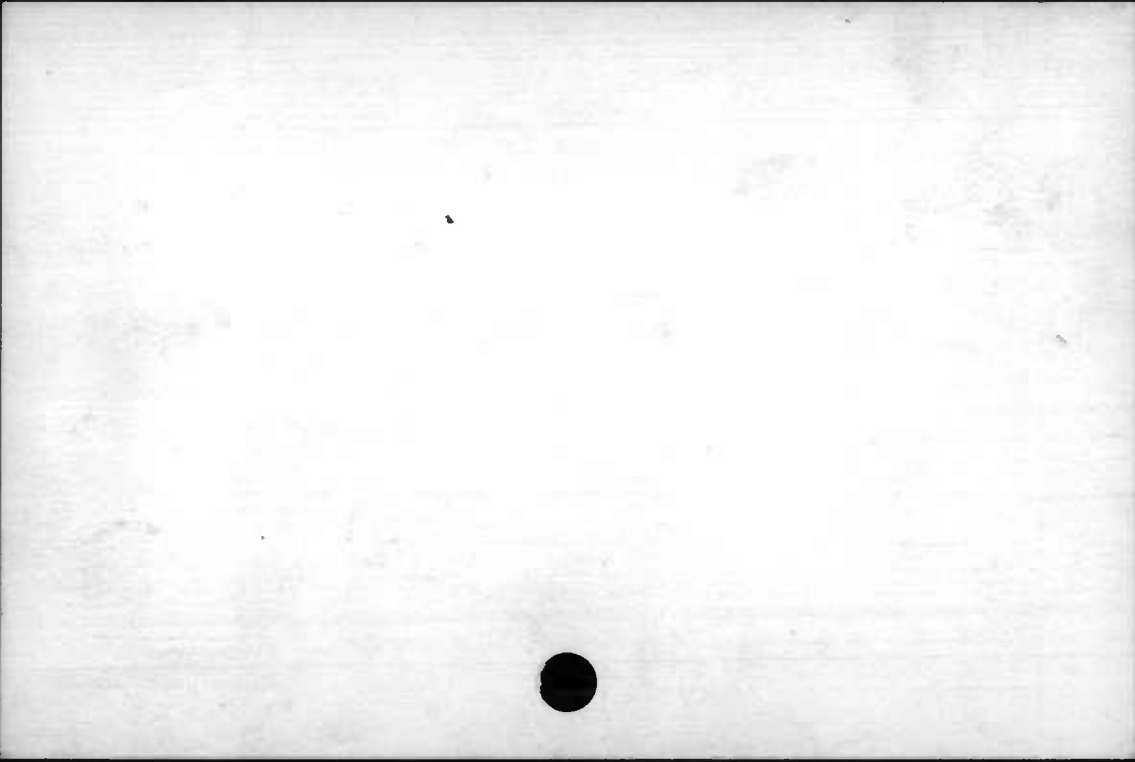
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
1905		3	8	1	6	8	
Sex		Male		Color or Race		Colored	
Occupation		Child		Birth-place		Ind	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Charles Pyle				Father's Birthplace	
Mother's Maiden Name		Lidy Muldy				Mother's Birthplace	
Name of person giving information		Charles Pyle				How related to deceased	
						Father	

CAUSES OF DEATH

Primary	Whooping cough	How long	One month
Immediate	Bronchitis Pneumonia	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Daniel C. Wootkins	
Address		Hagerstown Ind.	
Accident or Suicide?			



Name
in
Full

Ralph Renner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hagerstown

Town

Washington

County

MARYLAND

Date

of death 1903-

Month

3

Day

17

Age

Years

2

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Renner

Father's
Birthplace

Md

Mother's
Maiden Name

Yoggie Ardinger

Mother's
Birthplace

Illinois

Name of person giving
Information

Edward Renner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

..

How long

..

Are the name, age, sex, color, date
and place correctly given above?

yes

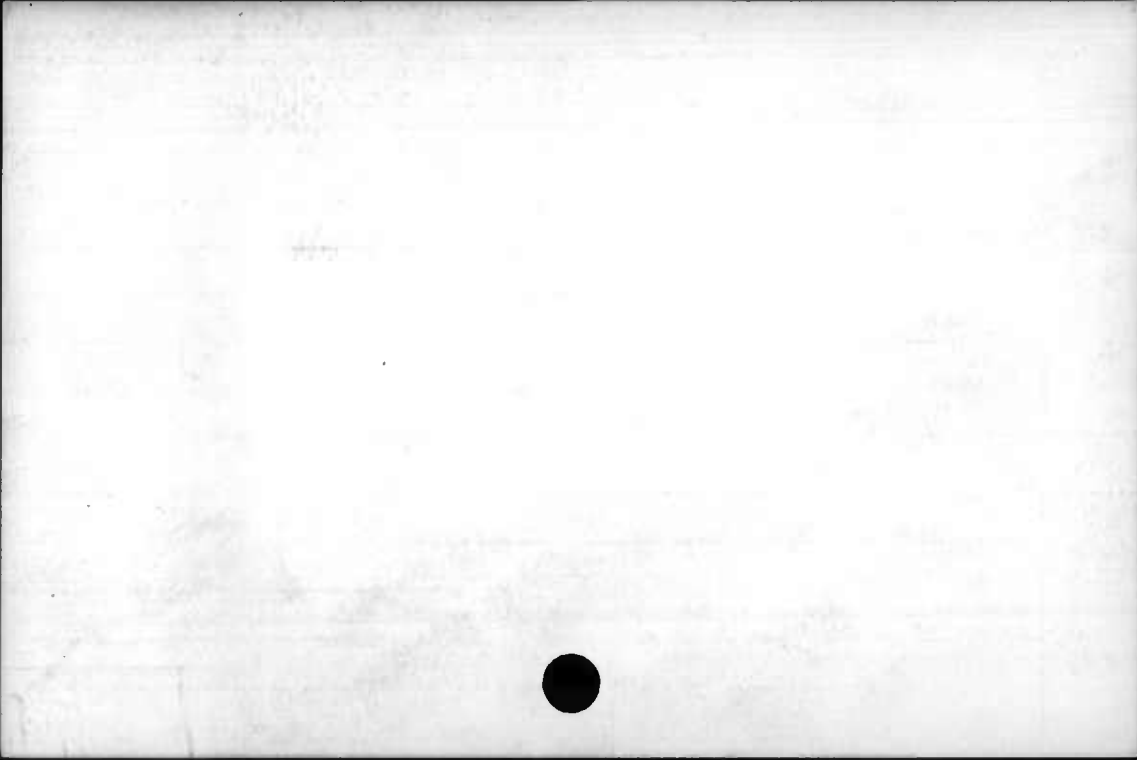
Signature of
Physician

Wm. P. Miller

Address

Hagerstown, Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

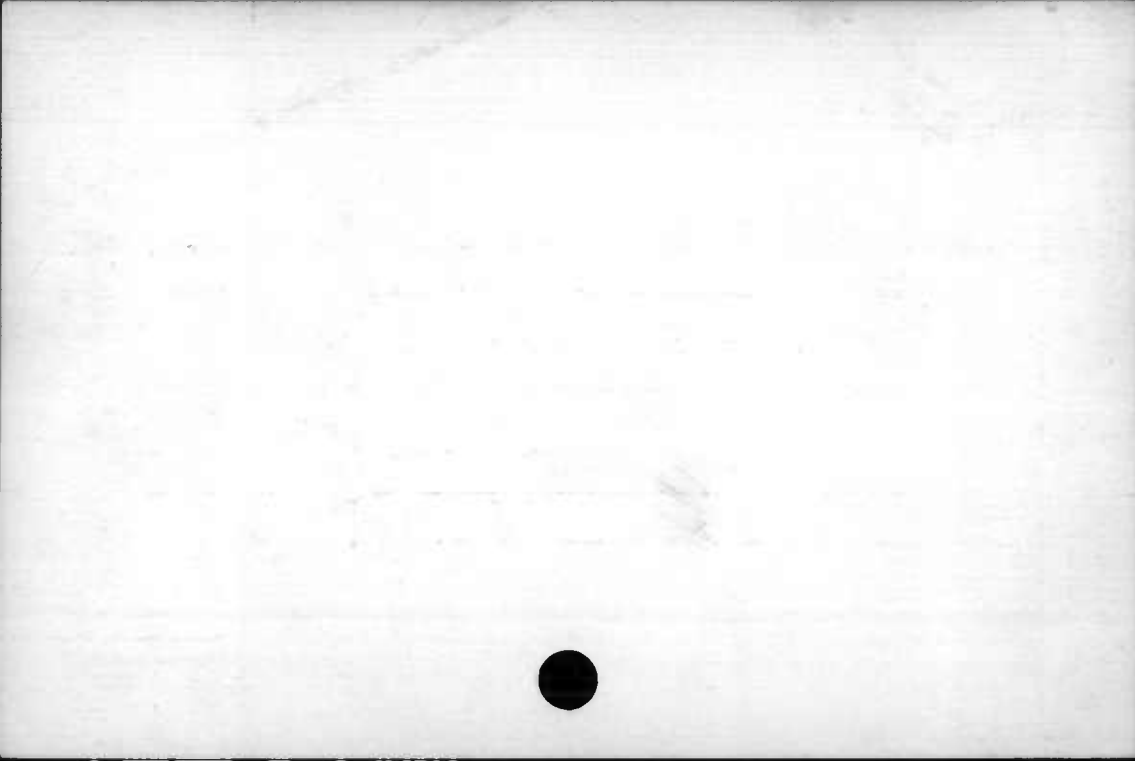
CERTIFICATE OF DEATH

MARYLAND

Name in Full <i>John Mayhol Ridenour</i>		Town <i>Chewsville</i>		County <i>Wash</i>	
Died at <i>Chewsville</i>					
Date of death	1905	Month <i>Mar</i>	Day <i>14</i>	Age	Years
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chewsville</i>		Months <i>10</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Samuel H. Ridenour</i>		Father's Birthplace <i>Caretown</i>			
Mother's Maiden Name <i>Statie B. Mayhol</i>		Mother's Birthplace <i>Leitersburg</i>			
Name of person giving information <i>Samuel H. Ridenour</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Bronchitis</i>	How long <i>four weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wishard</i>
		Address <i>Leitersburg, Md.</i>
Accident or Suicide?		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Bagerstown* *Wash.*Date of death | 90 *5* | *3* | *21* | Age *42* | Months | DaysSex *Female* | Color or Race *white* | Birth-place *Penna.*Occupation *A.W.* | Where Residing if not at place of deathMarried, Single or Widowed *widow* | Name of Wife or Husband *John Rottler*Father's Name *Henry Myer* | Father's Birthplace *Penna.*Mother's Maiden Name *Fannie Myer* | Mother's Birthplace *"*Name of person giving information *Mrs Sollenberger* | How related to deceased *sister.*

CAUSES OF DEATH

Primary *Influenza.* | How long *4 days*Immediate *meningitis* | How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes* | Signature of Physician *M. J. M. Miller*Address *Hagerstown Md.*Accident or Suicide? *yes*

Nyresville

Name
in
Full

Christina Rowland

CERTIFICATE OF DEATH

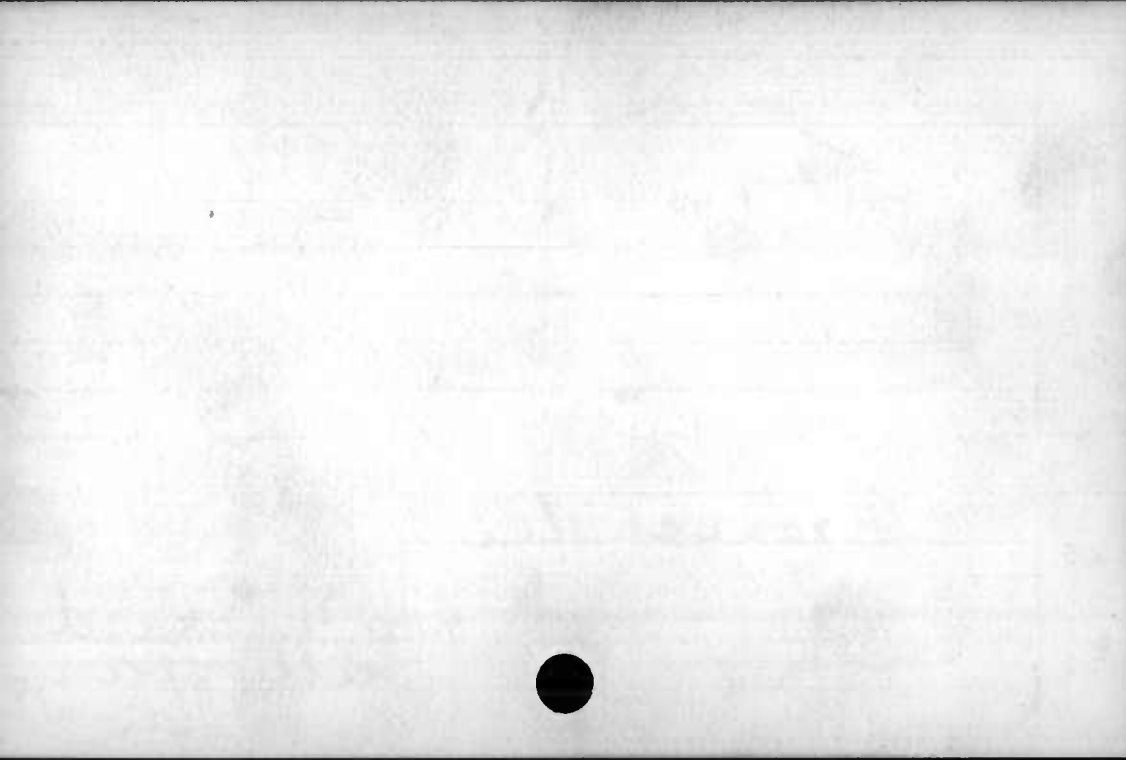
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Beaver Creek		^{County} Washington		MARYLAND	
Date of death	1905-	Month	3	Day	24
		Age	80	Years	
				Months	
				Days	
Sex	Male	Color or Race	White	Birth-place	md
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Christina Rowland	Father's Birthplace	md		
Mother's Maiden Name	Barbara Bear	Mother's Birthplace			
Name of person giving Information	John Adams	How related to deceased	Nephew		

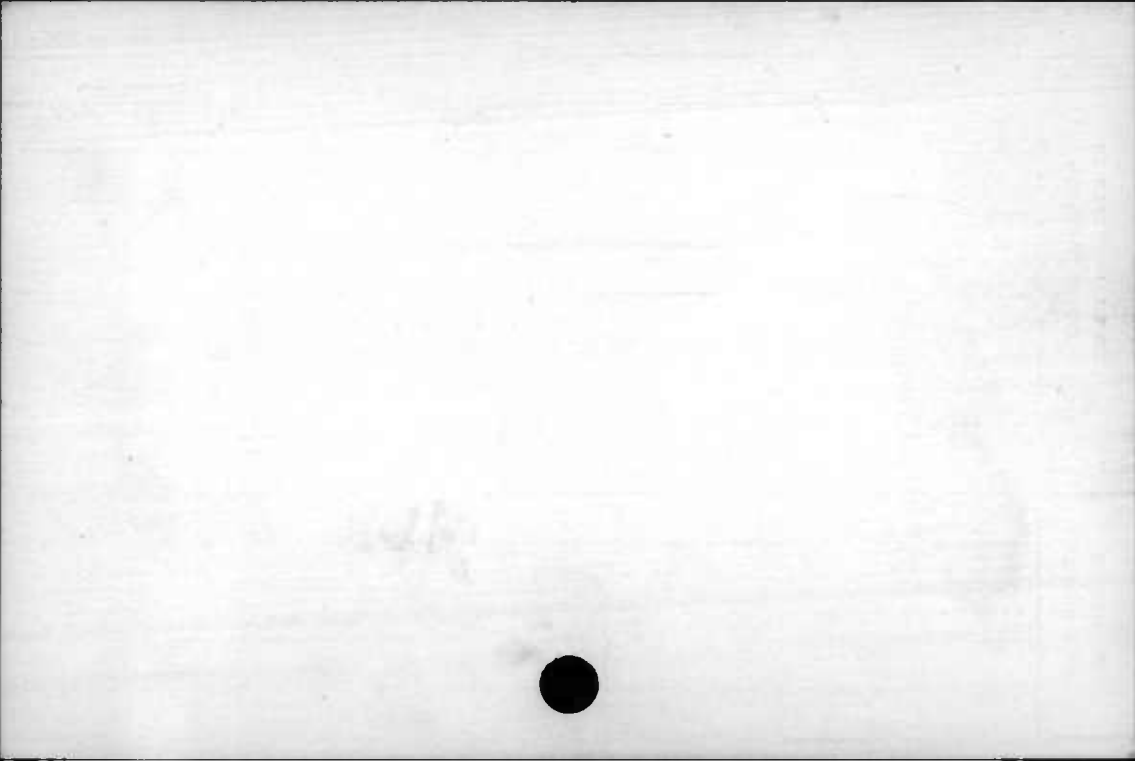
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		A. P. Stauffer	
		Address	
Accident or Suicide?			



Name in Full		George Rasmisell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Wash.		MARYLAND	
	Date of death	Month 5	Day Mar.	Age 22	Years N 5	Months	Days
	Sex	male		Color or Race	white		Birth-place
	Occupation	Salesman		Where Residing if not at place of death			
	Married, Single or Widowed	widower		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Mrs. Harry Charles				How related to deceased		
				daughter			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	La Grippe				How long	1 week
	Immediate	Broncho Pneumonia				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		No.		Hagerstown Md		



Name
in
Full

Maria Seacord

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1908	Month	3	Day	14
Age	41	Years	41	Months	—
Sex	Female	Color or Race	White	Birth-place	
Occupation	Housework	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	William Seacord		
Father's Name	John Munson	Father's Birthplace	Md		
Mother's Maiden Name	Sarah Tall	Mother's Birthplace	Md		
Name of person giving information	William Seacord	How related to deceased	Husband		

CAUSES OF DEATH

Primary	Cholelithiasis	How long	3 months
Immediate	Tuberculosis	How long	About 1 mo.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. Schindel, M.D.
		Address	Hagerstown, Md.
Accident or Suicide?			

Roe Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Amelia Shank

MARYLAND

Died at ^{Town} Shankstown^{County} WashDate
of death 1900

Month 3

Day 9

Age 5-2

Months 9

Days 1

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Shankstown

Married, Single
or WidowedName of Wife or
Husband

Jacob Shank

Father's
Name

Jac Davis

Father's
BirthplaceMother's
Maiden Name

Eva Helger

Mother's
BirthplaceName of person giving
In formation

Jacob Shank

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Unknown

How long

179

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Abraham Shank

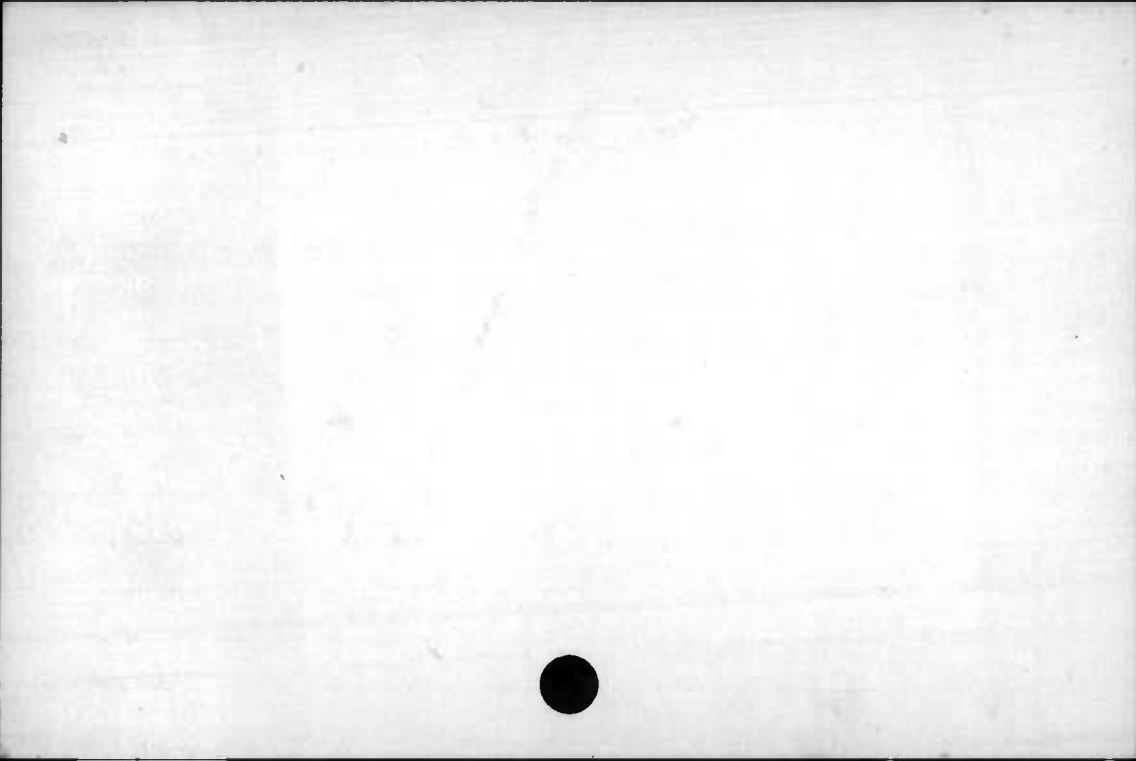
Address

Clearspring
Washington County

Accident or Suicide?



Name in Full		Mary A. Shank				CERTIFICATE OF DEATH	
Died at		Town Smithsburg		County Wash		MARYLAND	
Date of death 1905		Month March	Day 14	Age 77	Months 1	Days 14	
Sex Female		Color or Race white		Birth-place Burruck Md.			
Married, Single or Widowed		Occupation House					
Name of Wife or Husband		Joseph Shank					
Father's Name		John Smully				Father's Birthplace	
Mother's Maiden Name		Susan Haddy				Mother's Birthplace Burruck Md.	
Name of person giving Information		Mrs. Thomas Stickle				How related to deceased Daughter	
CAUSES OF DEATH							
Primary		Dropsy & Debility				How long 5 Days	
Immediate		Debility & Heart Failure				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. C. Jarboe			
		Address		Smithsburg Md.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Hagerstown*^{County} *Washington*

Date

of death *1905*

Month

3

Day

12

Age

Years

58

Months

4

Days

12

Sex

*Male*Color or
Race*White*Birth-
place*Pennsylvania*

Occupation

*Carriage builder*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Rosie Sherer*Father's
Name*John Sherer*Father's
Birthplace*Pa*Mother's
Maiden Name*Elizabeth Hart*Mother's
Birthplace*Pa*Name of person giving
In formation*George Sherer*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Angina Pectoris

How long

Immediate

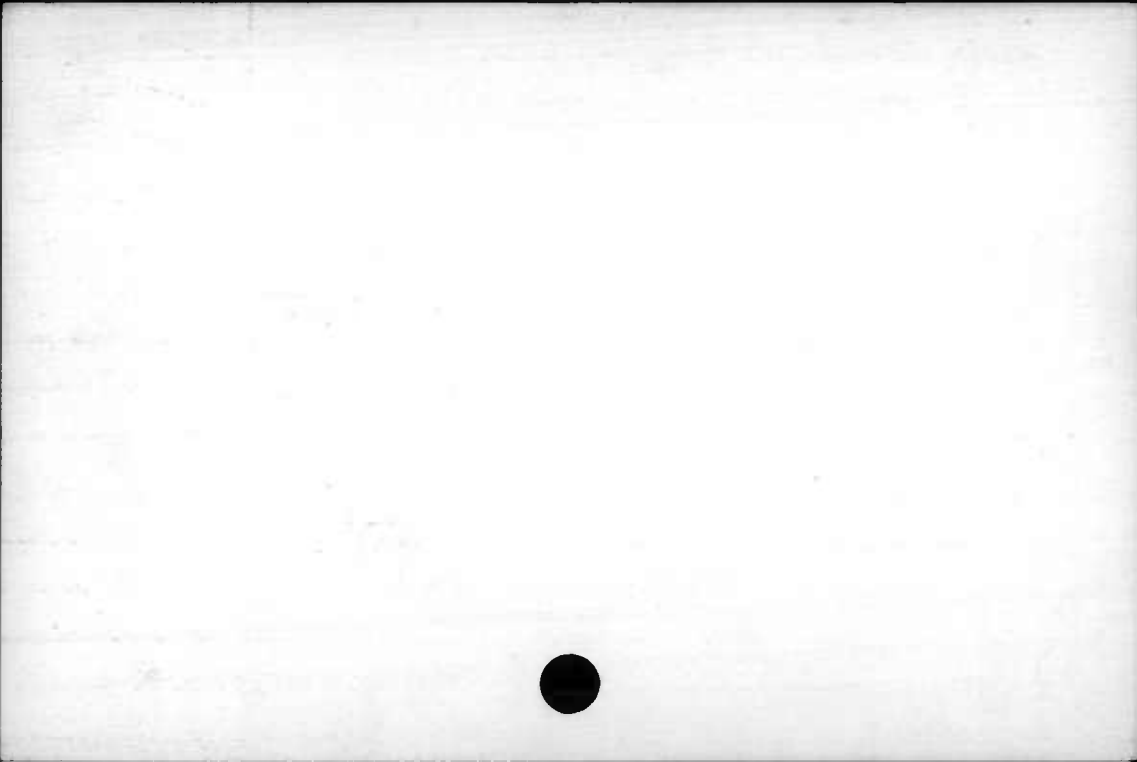
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*A. P. Stuffer*

Address

*HAGERSTOWN,
MARYLAND.*

Accident or Suicide?



Name

in
Full

Mrs Harlan Shifler

CERTIFICATE OF DEATH

MARYLAND

Died at *Beaver Creek Farm* *Washn* CountyDate of death *1905* *March* *22nd* *Age* *44* *Years* *11* *Months* *1* *Days*Sex *Male* Color or Race *White* Birth-place *Boonsboro Md.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Clara Virginia Shifler*Father's Name *William Shifler* Father's Birthplace *Washn Co*Mother's Maiden Name *Lydia Shomaker* Mother's Birthplace *Fredman Co*Name of person giving Information *Gertrude Freedy* How related to deceased *Sister in Law*

CAUSES OF DEATH

Primary *Lober Pneumonia* *One Week* How longImmediate *Heart Failure* *Instantly* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Paul Quinn M.D.*Address *Chesville*

Accident or Suicide?

*Washn Co. Md.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Rose Hill

Name
in
Full

Sarah Ann Shipway

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Near Hancock*

Wash

Date

Month

Day

Age

Years

Months

Days

of death *1905 Mar.*

21

93

Sex

Female

Color or
Race

White.

Birth-
place

Sylvaan

Occupation

Farmers Wife

Where Residing if not
at place of death

Lived at home

Married, Single
or Widowed

Married

Name of Wife or
Husband

John C. Shipway

Father's
Name

Mr. Bailey

Father's
Birthplace

Sylvaan

Mother's
Maiden Name

Miss Ben Benson

Mother's
Birthplace

" "

Name of person giving
Information

John C. Shipway

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Old Age.

How long

1 year.

Immediate

How long

1 day.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

There was none for 7 or 8 yrs

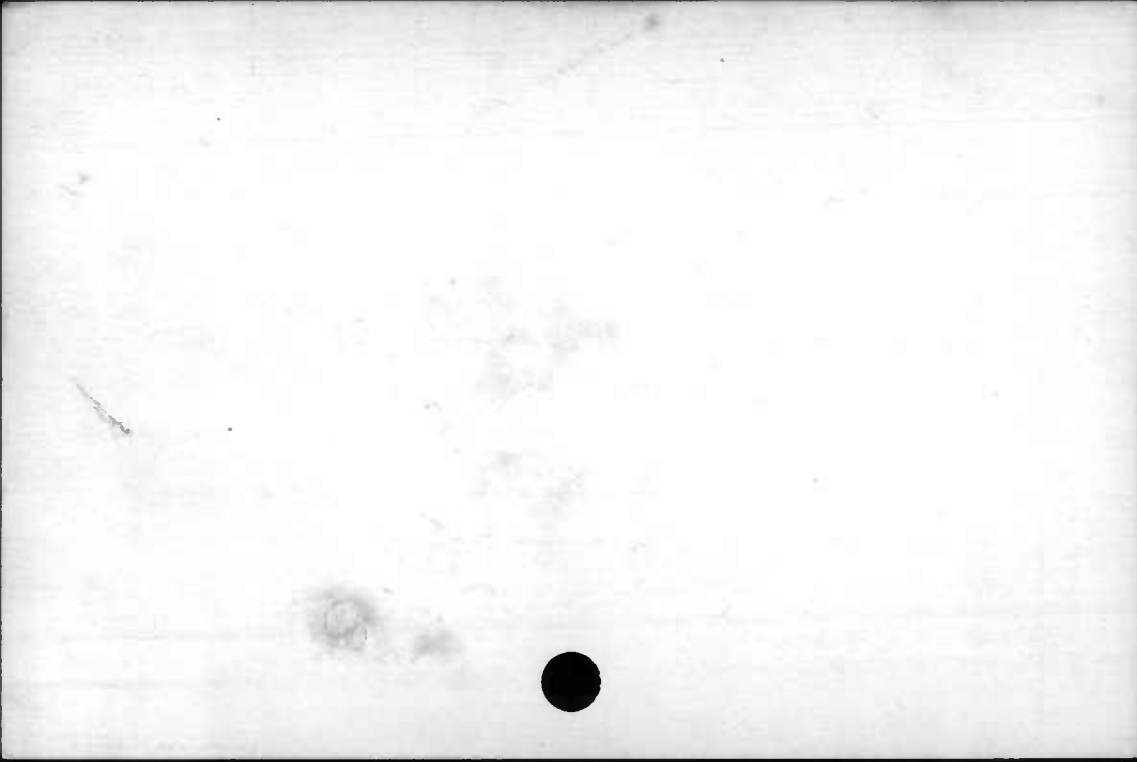
Address

*Martin Jenkins & Son
Hancock, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

James D. Slaughterhough
Smithsburg Washington

Date

of death 1905

Month

3

Day

8

Age

Years

74

Months

5

Days

17

Sex

Male

Color or
Race

White

Birth-
place

Carroll Co.

Occupation

Painter

Where Residing if not
at place of death

Smithsburg

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jan. L. Null

Father's
Name

Samuel Slaughterhough

Father's
Birthplace

Carroll Co.

Mother's
Maiden Name

Mary Slaughterhough

Mother's
Birthplace

Carroll Co.

Name of person giving
Information

W. A. Barnes

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paralyses

How long

3 years

Immediate

Paralyses

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

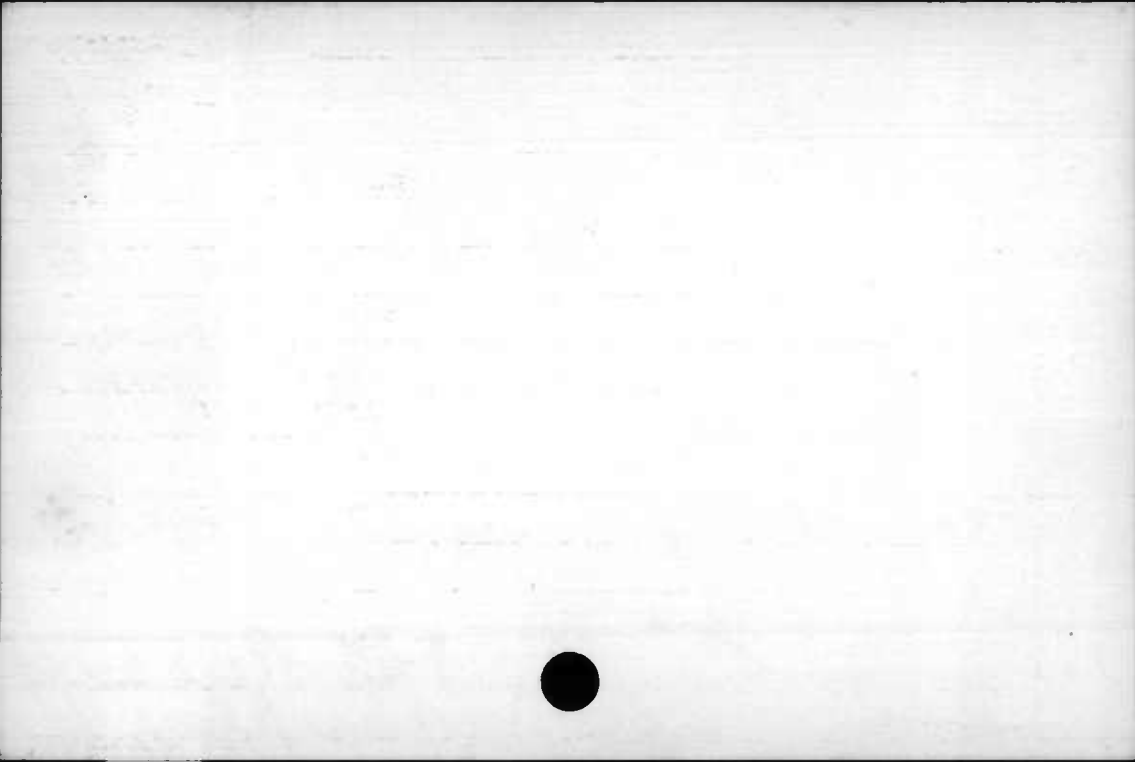
yes

Signature of
Physician

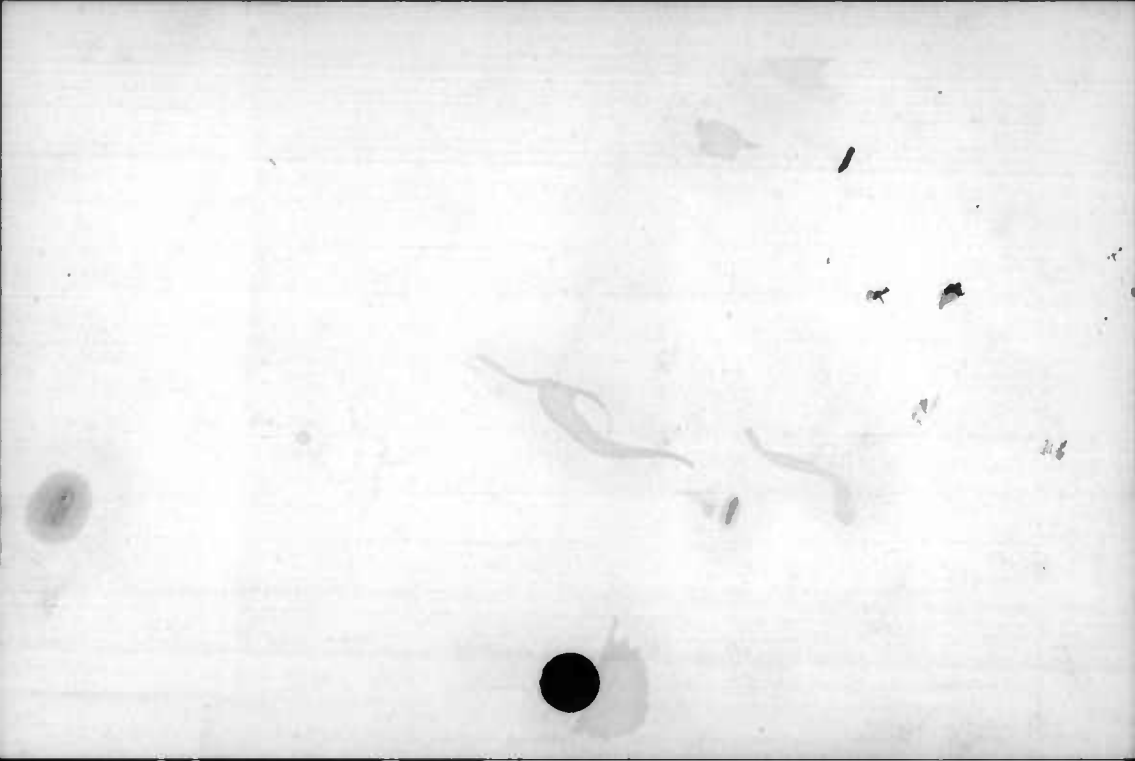
Address

E. Tracy Bishop
Smithsburg

Accident or Suicide?



Name in Full		Edward Lee Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Tilghman Town		County Washington		MARYLAND	
	Date of death		1905	Month 8	Day 8	Age	Years 7	Months 8
	Sex		male		Color or Race white		Birth-place Tilghman	
	Occupation		X		Where Residing if not at place of death		Tilghman	
	Married, Single or Widowed		single		Name of Wife or Husband			
	Father's Name		Daniel A Smith		Father's Birthplace		Tilghman	
	Mother's Maiden Name		Giddy v Lambert		Mother's Birthplace		Tilghman	
Name of person giving information		Daniel A Smith		How related to deceased		Father		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Capillary Bronchitis		How long		1 week	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. M. Richard	
					Address		Fairplay	
		Accident or Suicide						



Name In Full

Certificate of Death

Rose Smith

Town

County

MARYLAND

Died at

near Zieggs

Wash

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

3

12

Age

14

Male

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Charles Smith

Mother's

Maiden Name

Ella Holmes

Cause of

Primary

Consumption

How long sick

6 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. D. Babers

Address

Robinson Mtn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74508



Name in Full		Emory E. Spelman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND	
		Date of death 1905		Month 3		Day 26	
		Age 60		Years		Months	
		Sex Male		Color or Race White		Birth-place Md	
		Occupation Book Keeper		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Jonathan Spelman		Father's Birthplace		Md	
Mother's Maiden Name		Caroline Steffy		Mother's Birthplace		Md	
Name of person giving information		John A. Spelman		How related to deceased		Brother	
CAUSES OF DETH							
PHYSICIAN OR CORONER		Primary		Gastritis		104	
		Immediate		Heart Failure		How long 12 months	
		Are the name, age, sex, color, date and place correctly given above?		Yes		How long 5 hours	
		Signature of Physician		C. B. Wiggins			
		Address		Hagerstown			
Accident or Suicide?							

How fast

Name
in
Full

Nora Stoubraker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hagerstown*

Town

Washington

County

MARYLAND

Date

of death *1905*

Month

3

Day

5

Age

Years

27

Months

Days

Sex

Occupation

*female*Color or
Race*white*Birth-
place*Md.*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*J. Ellsworth Stoubraker*Father's
Birthplace*Md.*Mother's
Maiden Name*Ella Heard*Mother's
Birthplace*Md.*Name of person giving
Information*J. E. Stoubraker*How related
to deceased*father.*

CAUSES OF DEATH

Primary

Lympho Sarcoma

How long

Several months

Immediate

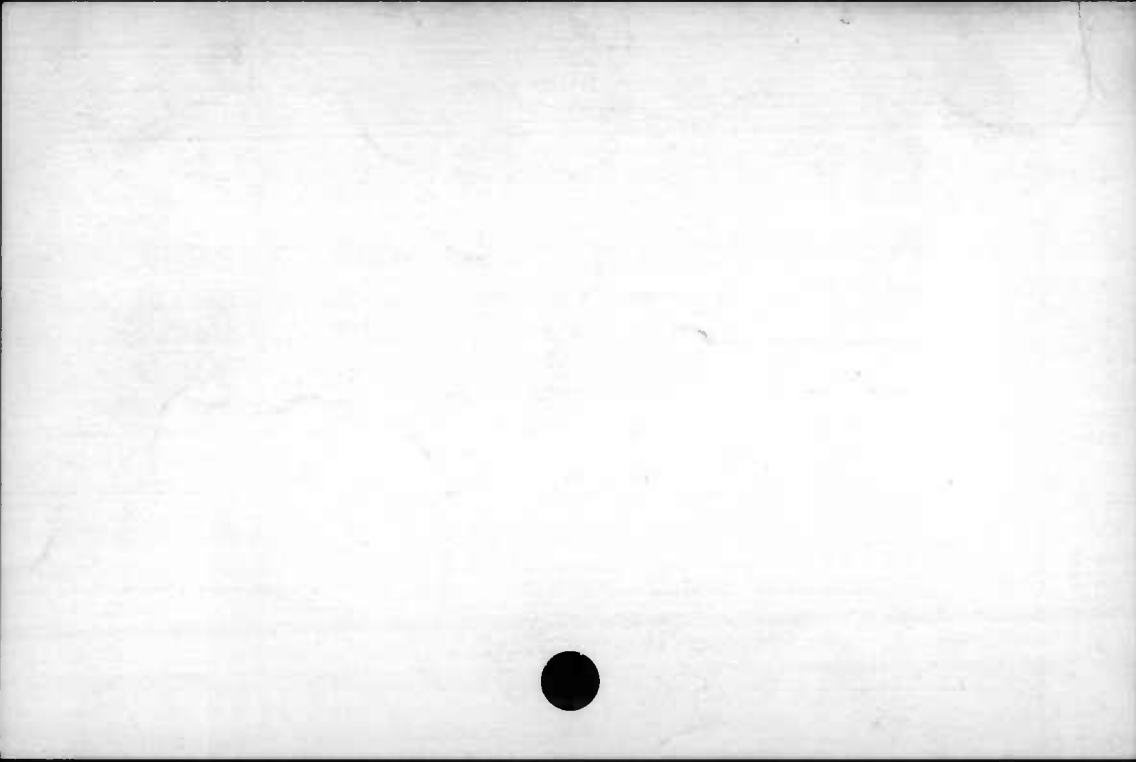
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. M. Scott
Hagerstown*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ernest R. Stattermyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>H</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Carby Stattermyer</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Bessie Spruill</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Carby Stattermyer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Emphysema of Lungs</i>	How long <i>24 hrs</i>
Immediate	<i>Emphysema of Lungs</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Pittsogle</i>
		Address <i>HAGERSTOWN MARYLAND.</i>
Accident or Suicide? <i>—</i>		

Maple Vale

Name
in
Full

Ruth Irene Linnery

CERTIFICATE OF DEATH

State
MARYLAND

Died at ^{Town} Delmington

^{County} Washington

Date of death 1905 31

Day 18

Age 2

Months 18

Days

Sex Female

Color or Race

White

Birth place

Delmington

Occupation

None

Where Residing if not at place of death

Delmington

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Victor Linnery

Father's Birthplace

Boston

Mother's Maiden Name

Bessie Bloom

Mother's Birthplace

Delmington

Name of person giving information

Victor Linnery

How related to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long 2 weeks

Immediate

Capillary Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

V. Howard Crandall

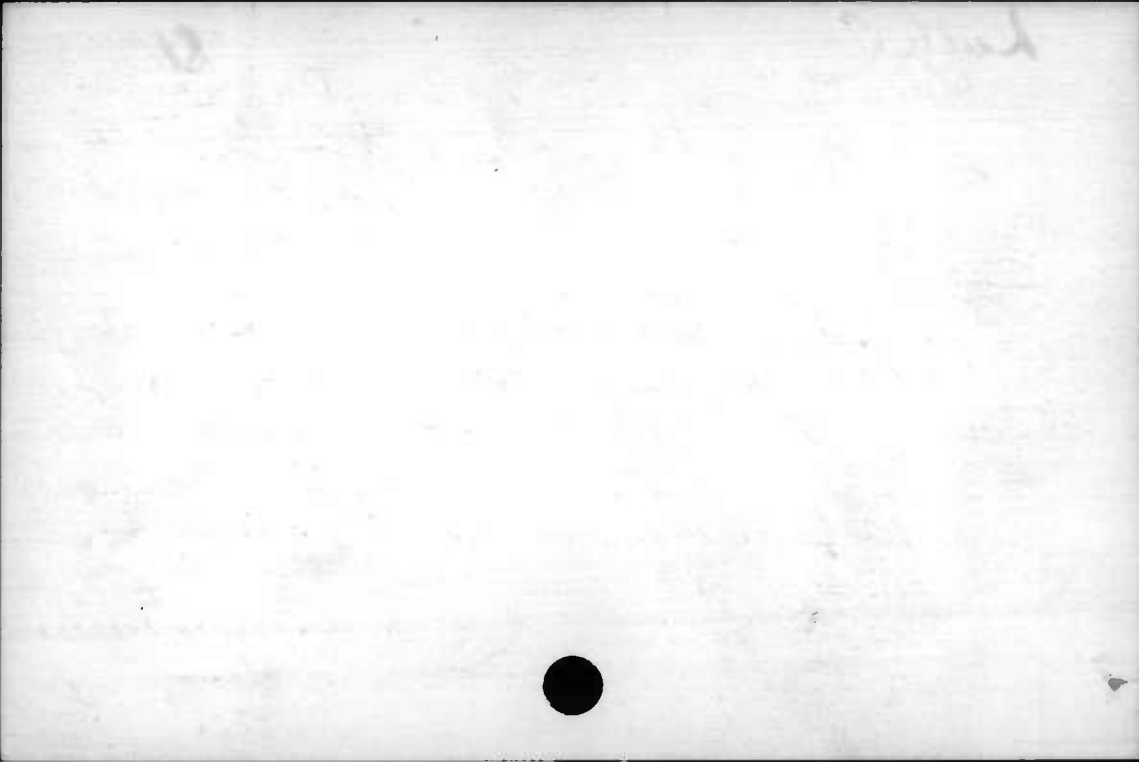
Address

Chapinway
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie M. E. Summer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leitersburg*

Town

Wash.

County

Date

of death *1905 Mar*

Month

Day

Age

Years

Months

Days

Sex

*Female.*Color or
Race*White.*Birth-
place*Caretown*

Occupation

*House. wife.*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed.*Name of Wife or
HusbandFather's
Name*George F. Bachtel.*Father's
Birthplace*Caretown*Mother's
Maiden Name*Bar. M. A. Steffie.*Mother's
BirthplaceName of person giving
Information*Maggie Rinehart*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Chronic Endo-Carditis + Arteritis Rheumatic

How long

?

Immediate

Grippe - Oedema-pulmonary - 36 hrs -

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. Rolf W. Wilson M.D.*

Address

Leitersburg

Accident or Suicide?



Name
in
Full

James L. Taylor.

No 244

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsport</u>		County <u>Washington</u>		MARYLAND	
Date of death	190 <u>5</u>	Month <u>Mar.</u>	Day <u>29</u>	Age <u>1</u>	Years <u>7</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Williamsport</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Frank Taylor.</u>		Father's Birthplace <u>Wmport</u>			
Mother's Maiden Name <u>Jessie Thompson</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>David Walker</u>		How related to deceased <u>brother, in law.</u>			

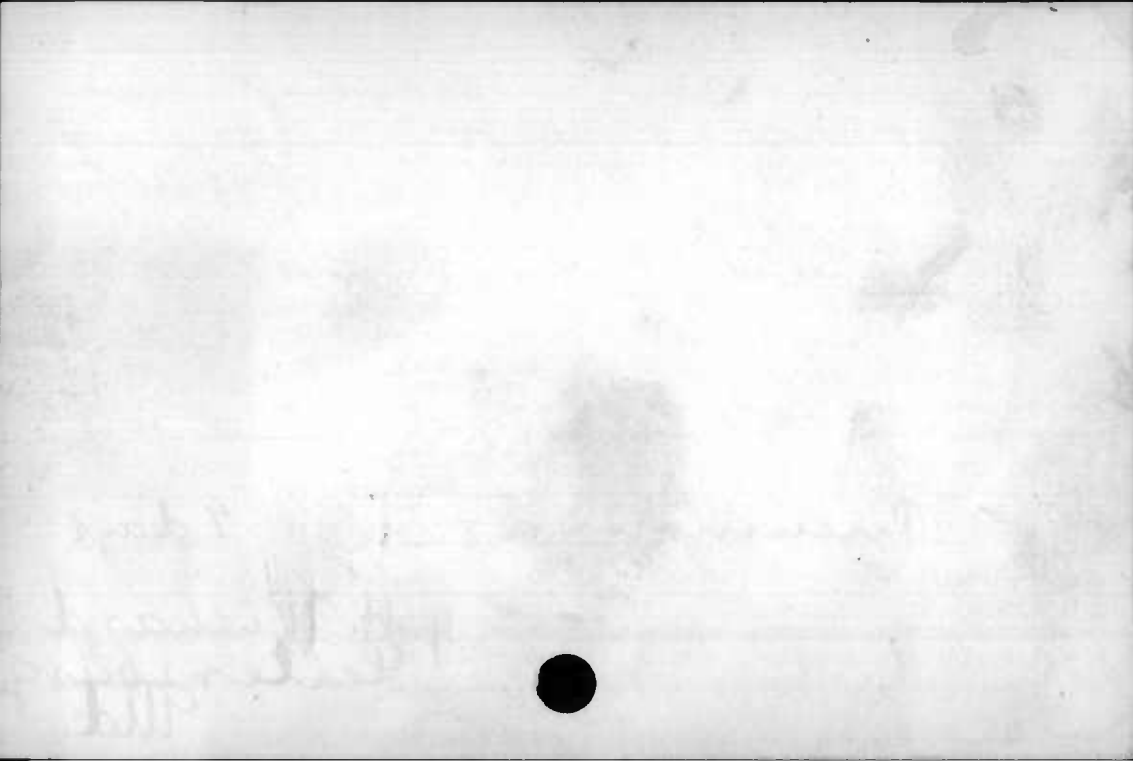
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bacterial Peritonitis</u>	How long <u>one week</u>
Immediate <u>Prostration</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. R. Richter</u>
	Address <u>Williamsport Md.</u>
Accident or Suicide? <u>—</u>	

J. M. Miller

Name in Full		Nancy Thomas				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <u>Bellman</u>		County <u>Washington</u>		MARYLAND		
	Date of death		1903	Month <u>Mar</u>	Day <u>27</u>	Years <u>73</u>	Months <u>=</u>	Days <u>1</u>	
	Sex		<u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Washington County</u>		
	Occupation		<u>Housewife</u>		Where Residing if not at place of death <u>Bellman</u>				
	Married, Single or Widowed		<u>Widow</u>		Name of Wife <u>Jacob Thomas</u>				
	Father's Name		<u>=</u>		Father's Birthplace <u>=</u>				
	Mother's Maiden Name		<u>=</u>		Mother's Birthplace <u>=</u>				
Name of person giving information		<u>Frank Thomas</u>				How related to deceased <u>son</u>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		<u>Paralysis</u>				How long <u>3 yrs.</u>		
	Immediate		<u>Pulmonary. pneumonia</u>				How long <u>1 day</u>		
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician		<u>W B Morrison</u>		
	Address		<u>Hagerstown</u>						
Accident or Suicide?		<u>No</u>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benton T. Trovinger.

MARYLAND

Died at *Leitersburg*

Town

Wash

County

Date of death *1905 Mar.*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Hagerstown*

Occupation

*Miller*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Ida. Myers*Father's
Name*Joseph Trovinger*Father's
Birthplace*Hagerstown*Mother's
Maiden Name*Elizabeth C. Lopper*Mother's
Birthplace*State Line*Name of person giving
Information*Ida. Trovinger*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Pneumonia

How long

7 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Wishard
Leitersburg
Md.

Accident or Suicide?



0/70

Name
in
Full

CERTIFICATE OF DEATH

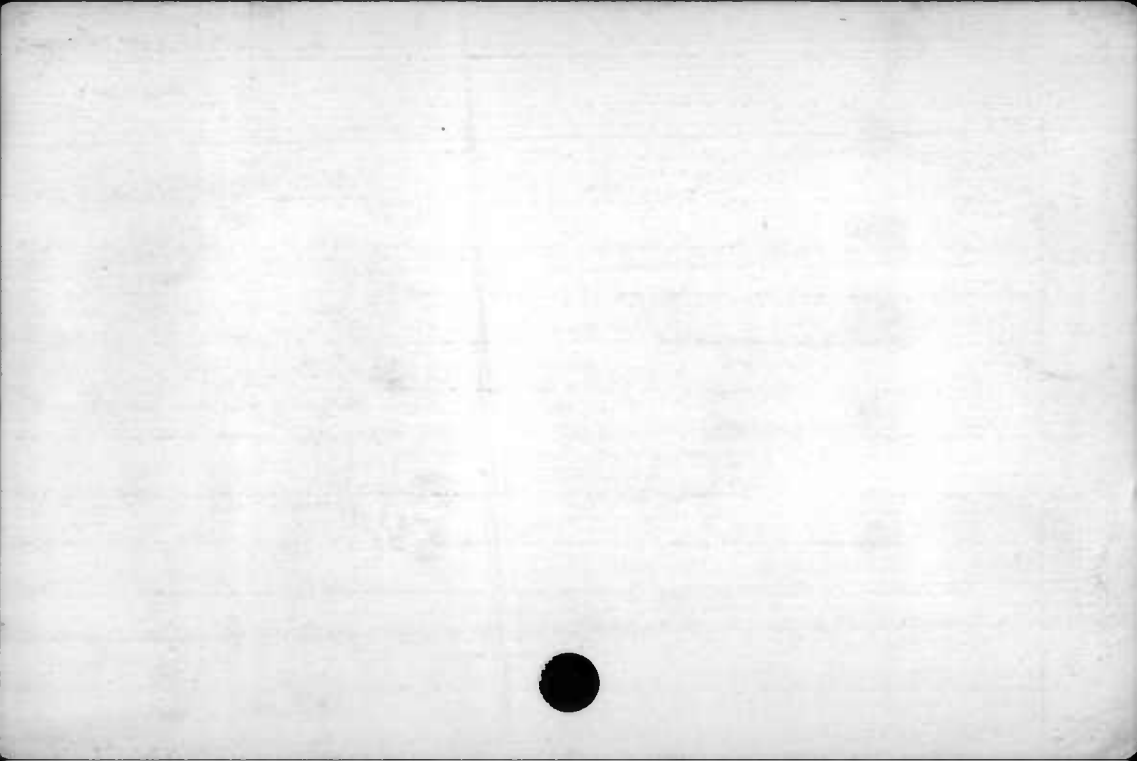
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Maryland</i> <i>Whitmore</i>		Town <i>Wash-</i>		County	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>29</i>	Age <i>still born</i>	Years <i>--</i>	Months <i>--</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Mangansville</i>		
Occupation <i>-- -- --</i>			Where Residing if not at place of death <i>home</i>		
Married, Single or Widowed <i>-- --</i>		Name of Wife or Husband <i>Mattie Martin</i>			
Father's Name <i>Ferrest Whitmore</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mattie Martin</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Ferrest Whitmore</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary	<i>Still born S.</i>	How long	<i>..</i>
Immediate	<i>..</i>	How long	<i>..</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. R. Smith</i>	
		Address <i>Mangansville</i>	
Accident or Suicide? <i>--</i>		<i>A Mangansville & son Undertakers</i>	



Name
in
Full

CERTIFICATE OF DEATH

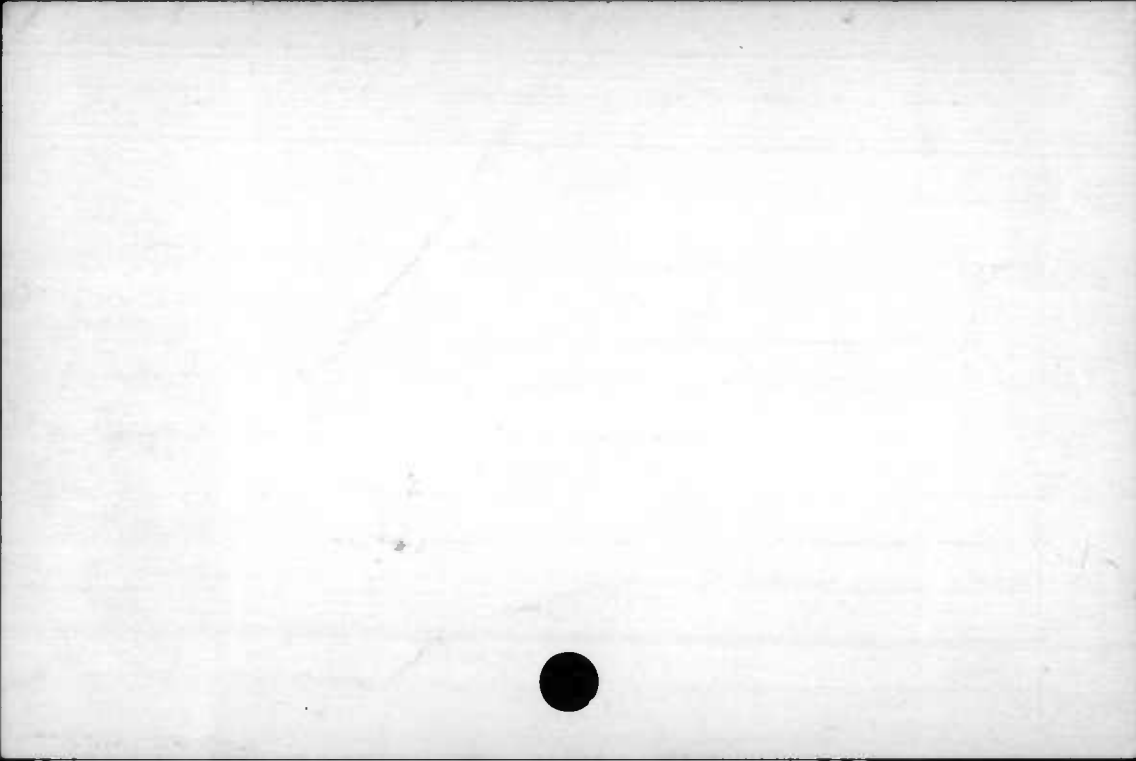
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Martha J. Wroe</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND			
Died at		Date of death		Age		Months <i>9</i>		Days <i>16</i>	
<i>1905</i>		<i>3</i>		<i>29</i>		<i>79</i>		<i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Where Residing if not at place of death			
Occupation									
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dr John A Wroe</i>							
Father's Name <i>David Barr</i>		Father's Birthplace							
Mother's Maiden Name <i>Martha Christina Mantz</i>		Mother's Birthplace <i>Md</i>							
Name of person giving information <i>Mrs E. M. Robertson</i>		How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>		How long <i>15 1/4</i>	
Immediate <i>Heart failure</i>		How long <i>15 1/4</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. J. Mason</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name
in
Full

No 243

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near N B Church*

Town

Washington

County

Date
of death *1905*

Month

March

Day

23

Age

Year

Months

2 -

Days

Sex *Female*Color or
Race*White*Birth-
place*Brownsville Dist*

Occupation

Where Residing if not
at place of death*Brownsville District*Married, Single
or Widowed*Single*Name of Wife or
Husband*Viola Young*Father's
Name*Mrs H Young*Father's
Birthplace*Brownsville*Mother's
Maiden Name*Viola Remora*Mother's
Birthplace*Massachusetts*Name of person giving
Information*Mrs H Young*How related
to deceased*Father*

CAUSES OF DEATH

Primary

How long

Immediate

Pneumonia

How long

*93 3 Days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J F Kieps
Undertaker

Accident or Suicide?

PHYSICIAN
OR CORONER

Mr Young.



Name

in
Full

No 24

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamport</i>		Town		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>19</i>	Age <i>76</i>	Years <i>4</i>	Months <i>4</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Alleghany Co.</i>				
Occupation <i>Boat man</i>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband <i>Annie May Long</i>						
Father's Name <i>George Sephas Zinnerly</i>	Father's Birthplace <i>Alleghany Co.</i>						
Mother's Maiden Name <i>Louisa Lecker</i>	Mother's Birthplace <i>Alleghany Co.</i>						
Name of person giving information <i>Annie May Zinnerly</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Absoplexy</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Werk</i>
	Address <i>Williamport Mo.</i>
Accident or Suicide?	

1/5/1900